

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90135 036 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # G85029**

1. Corporation Name  
**AMELIA INSURANCE AGENCY, INC.**



Principal Place of Business      Mailing Address  
 2384 SADLER ROAD                      ~~2384 SADLER ROAD~~  
~~P.O. BOX 1098~~                              ~~P.O. BOX 1098~~  
 FERNANDINA BEACH FL 32034          FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/16/1984**

4. FEI Number      Applied For  
**59-2372510**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.       Yes       No

2. Principal Place of Business      2a. Mailing Address  
 21      26 **PO Box 16599**

22 Suite, Apt. #, etc.      27 Suite, Apt. #, etc.

23 City & State      28 City & State

24 Zip      25 Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent  
**SHEFFIELD, GEORGE W JR.**  
~~2453 AMELIA ROAD~~  
**FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2795 OCEAN OAKS DR. N.**  
 83  
 84 City      85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*      DATE: **1-13-99**

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SHEFFIELD, BARBARA A	
STREET ADDRESS	1560 CANOPY DRIVE	
CITY-ST-ZIP	FERNANDINA BCH. FL	<b>32034</b>
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHEFFIELD GEORGE W.SR.	
STREET ADDRESS	1560 CANOPY DR	
CITY-ST-ZIP	FERNANDINA BEACH FL	<b>32034</b>
TITLE	PT	<input type="checkbox"/> DELETE
NAME	SHEFFIELD, GEORGE W. JR.	
STREET ADDRESS	<del>2053 B SOUTH FLETCHER AVE</del>	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>2795 OCEAN OAKS DR. N.</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      Date: **1-13-99**      Daytime Phone #: **904-261-2106**

CR2E034 (1/98)