

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90031 009 \*\*\*150.00

**DOCUMENT # G93058**

1. Corporation Name

**BEACHSIDE MOTEL, INCORPORATED**

Principal Place of Business

% JERRY KIGHT  
3172 SOUTH FLETCHER AVE.  
FERNANDINA BEACH FL 32034

Mailing Address

% JERRY KIGHT  
3172 SOUTH FLETCHER AVE.  
FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/27/1984**

4. FEI Number

**59-2392194**

Applied For

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

KIGHT, JERRY  
3172 SOUTH FLETCHER AVE.  
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME KIGHT, JERRY  
STREET ADDRESS 2120 HIGHLAND ST.  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ST ☐ DELETE  
NAME KIGHT, JOY  
STREET ADDRESS 2120 HIGHLAND ST.  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Kight, Jerry  
1.3 STREET ADDRESS 2832 Park Square Pl. E.  
1.4 CITY-ST-ZIP Fernandina Beach, FL 32034

2.1 TITLE ST ☒ Change ☐ Addition  
2.2 NAME Kight, Joy  
2.3 STREET ADDRESS 2832 Park Square Pl. E.  
2.4 CITY-ST-ZIP Fernandina Beach, FL 32034

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Jerry E. Kight*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry E. Kight Pres./Owner 4-5-99 (904) 261-4236

Date

Daytime Phone #

001489

CR2E034 (1/198)