


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

**FILED**

**Feb 13 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # H48636 (5)**  
1. Corporation Name  
**17 FLEMING ISLAND CORPORATION**



|   |  |
|---|--|
| Principal Place of Business<br><b>2575 CR 220 SUITE 107<br/>DOCTORS INLET FL 32068<br/>US</b> | Mailing Address<br><b>2575 CR 220 SUITE 107<br/>DOCTORS INLET FL 32068-6542<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>03/22/1985</b> | 3a. Date of Last Report<br><b>04/09/1996</b> |
|--|--|

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 2. Principal Place of Business<br><b>21</b>  | 2a. Mailing Address<br><b>26</b> | 4. FEI Number<br><b>59-2509214</b>  | Applied For<br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.<br><b>22</b>   | Suite, Apt. #, etc.<br><b>27</b> | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75 Additional Fee Required</b>  |
| City & State<br><b>23</b>  | City & State<br><b>28</b>        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>   |
| Zip<br><b>24</b>   | Country<br><b>25</b>             | Zip<br><b>29</b>  | Country<br><b>30</b>   |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |   |  |

|  |  |   |                       |
|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent<br><b>ANSBACHER, LEWIS<br/>4215 SOUTHPPOINT BLVD<br/>SUITE 100<br/>JACKSONVILLE FL 32216</b> |  | 10. Name and Address of New Registered Agent          |                       |
|  |  | 81 Name   |                       |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
|  |  | 83  |                       |
|  |  | 84 City   | <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                      |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---------------------------------|---|---|
| TITLE<br><b>PVPT</b>                            | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>MENARD, JAMES R.</b>                 |                                 | 1.2 NAME  |   |
| STREET ADDRESS<br><b>2575 CR #220 SUITE 107</b> |                                 | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP<br><b>DOCTORS INLET FL</b>      |                                 | 1.4 CITY - ST - ZIP                                   |   |
| TITLE   | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | 2.2 NAME  |   |
| STREET ADDRESS                                  |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP                                 |                                 | 2.4 CITY - ST - ZIP                                   |   |
| TITLE   | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | 3.2 NAME  |   |
| STREET ADDRESS                                  |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP                                 |                                 | 3.4 CITY - ST - ZIP                                   |   |
| TITLE   | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | 4.2 NAME  |   |
| STREET ADDRESS                                  |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP                                 |                                 | 4.4 CITY - ST - ZIP                                   |   |
| TITLE   | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | 5.2 NAME  |   |
| STREET ADDRESS                                  |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP                                 |                                 | 5.4 CITY - ST - ZIP                                   |   |
| TITLE   | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | 6.2 NAME  |   |
| STREET ADDRESS                                  |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP                                 |                                 | 6.4 CITY - ST - ZIP                                   |   |

14. I do 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.

SIGNATURE: *James R. Menard* **James R. Menard** *2/10/97* **904-272-5405**

CR2E034 (9/96)