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May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J08112 (1)  
1. Corporation Name  
SHELL POINT RESORT, INC.



Principal Place of Business Mailing Address  
1541 SHELL POINT ROAD 1541 SHELL POINT ROAD  
CRAWFORDVILLE FL 32327 CRAWFORDVILLE FL 32327  
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/08/1986	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2655134		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAYS, ROGER F 2108 WOODSTOCK LANE TALLAHASSEE FL 32303		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 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 *George S. Jaff Sr.* *4-29-98*  
Signature, typed or printed name of registered agent and fee, if applicable. (Not a Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	P
NAME	HAYS, ROGER F	1.2 NAME	TAFF, GEORGE
STREET ADDRESS	2108 WOODSTOCK LANE	1.3 STREET ADDRESS	818 GREENBRIER LANE
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	S	2.1 TITLE	
NAME	HAYS, DARIA	2.2 NAME	
STREET ADDRESS	2108 WOODSTOCK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	KNISLEY, KENT	3.2 NAME	
STREET ADDRESS	9080 OAKFAIR DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	FLORENCE MOODY
STREET ADDRESS		4.3 STREET ADDRESS	1909 Atapha Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE		5.1 TITLE	ST
NAME		5.2 NAME	Mary Helen McNeff
STREET ADDRESS		5.3 STREET ADDRESS	3210 Bungerrin Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *George S. Jaff Sr.* *4-29-98*

CR2E034 (10/97)