

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 28 PM 2:25**

**CORPORATION ANNUAL REPORT 1995**



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

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # J16278 (0)**

**1. Corporation Name**

**CLARYS' SILVER BEACH HOTEL COTTAGES, INCORPORATE  
D**

DO NOT WRITE IN THIS SPACE.

**Principal Place of Business**

**Mailing Address**

**% MICHAEL J. CLARY  
853 HWY 98 E  
DESTIN FL 32541**

**C/O MICHAEL J. CLARY  
853 HWY 98, E  
DESTIN FL 32541  
US**

**3. Date Incorporated or Qualified  
05/27/1986**

**3a. Date of Last Report  
06/16/1994**

**4. FEI Number  
59-2680183**

**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**

**6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes**

Yes  No

**2. Principal Place of Business**

**2a. Mailing Address**

**21**

**26**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**22**

**27**

**City & State**

**City & State**

**24**

**25**

**29**

**30**

**Zip**

**Country**

**Zip**

**Country**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CLARY, MICHAEL J.  
HWY 98 EAST  
DESTIN FL 32541**

**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 registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**DP  
CLARY, MICHAEL J.  
6121 REGENCY TOWERS  
DESTIN FL**

**1.1 TITLE**  Change  Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**2.1 TITLE**  Change  Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**6.1 TITLE**  Change  Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY - ST - ZIP**

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 no address.**

**SIGNATURE:**

*Michael J. Clary*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Michael J. Clary**

**4/21/95** **(904) 837-3600**  
**Date** **(Typed Name)**