

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K13143 (8)

1. Corporation Name
SAIL AMELIA, INC.



Principal Place of Business

Mailing Address

% CLYDE W. DAVIS
13 N. 4TH ST
FERNANDINA BEACH FL 32034

% CLYDE W. DAVIS
13 N. 4TH ST
FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified
01/25/1988

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **c/o Clyde W. Davis**
Suite, Apt. #, etc.

26 **c/o Clyde W. Davis**
Suite, Apt. #, etc.

4. FEI Number
59-2874273

Applied For
☐ Not Applicable

22 **20 South Fifth Street**
City & State

27 **20 South Fifth Street**
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 **Fernandina Beach, FL**
Zip Country

28 **Fernandina Beach, FL**
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 **32034**

25 **Nassau**

29 **32034**

30 **Nassau**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, CLYDE W.
13 N. 4TH ST
FERNANDINA BEACH FL 32034**

81 Name

Davis, Clyde W.

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

20 South Fifth Street

83

84 City

Fernandina Beach

FL

85 Zip Code
32034

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 in print. This is the name of the registered agent. (Do not sign as Secretary or Treasurer.)

(Do not sign as Secretary or Treasurer.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDS** ☒ DELETE
NAME **WAAS, WILLIAM T.**
STREET ADDRESS **5 NORTH SIXTH ST.**
CITY-ST-ZIP **FERNANDINA BEACH FL**

1.1 TITLE **PDS** ☒ Change ☐ Addition
1.2 NAME **John R. Melton**
1.3 STREET ADDRESS **5 North Sixth Street**
1.4 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John R. Melton, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 1, 1996

Date

904-261-9125

Daytime Phone #

CR2E034 (3/96)