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May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business	2a. Mailing Address
21 3446 EMERALD ISLE CIR. W	26 3446 EMERALD ISLE CIR W
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE FL.	City & State 28 JACKSONVILLE FL
Zip 24 32216 Country 25 USA	Zip 29 32216 Country 30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
01/25/1988	04/25/~~1995~~ 1997

4. FEI Number: 59-2874273 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, CLYDE W.
13 N. 4TH ST
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 Section 607.0502 and 607.1005, 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 Type or Print Name of Person Signing) (NEW Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	☒ DELETE	1.1 TITLE	PDS ☐ Change ☒ Addition
NAME	WAAS, WILLIAM T.		1.2 NAME	John R MILTON JR
STREET ADDRESS	5 NORTH SIXTH ST.		1.3 STREET ADDRESS	3446 EMERALD ISLE CIR W
CITY-ST-ZIP	FERNANDINA BEACH FL		1.4 CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	400002534384
STREET ADDRESS			6.3 STREET ADDRESS	-05/26/98--01007---025
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

JS 5.22

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)(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: John R Milton SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John R MILTON JR 4-30-98 Date 904 9960154 Daytime Phone #

CR2E034 (12/95)