

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L09575 (6)

1. Corporation Name

RC OF AMELIA, INC.



Principal Place of Business

C/O CLYDE W. DAVIS
13 NORTH FOURTH STREET
FERNANDINA BEACH FL 32034

Mailing Address

C/O CLYDE W. DAVIS
13 NORTH FOURTH STREET
FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified

08/15/1989

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

21 Clyde W. Davis

Suite, Apt. #, etc.

22 20 South Fifth Street

City & State

23 Fernandina Beach, FL

24 32034

Country

25 U.S.A.

2a. Mailing Address

26 Clyde W. Davis

Suite, Apt. #, etc.

27 20 South Fifth Street

City & State

28 Fernandina Beach, FL

Zip

29 32034

Country

30 U.S.A.

4. FET Number

55-0400630

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 NORTH FOURTH ST.
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name

Davis, Clyde W.

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

83

20 SOUTH FIFTH STREET

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME REESE, GERALD D.
STREET ADDRESS 4912 RIGGING WAY DR.
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE D ☐ DELETE
NAME REESE, RUTH ANN
STREET ADDRESS 4912 RIGGING WAY DR.
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Ruth Ann Reese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 3-96

904-277-8334

Date

Daytime Phone #

CR2E034 (12/95)