FILE NOW: FILING FEE AFTER MAY 1 IS $22[illegible].00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L74351** **(2)**

1. Corporate Name

BEACHSIDE ACCOMMODATIONS, INC.

Principal Place of Business

6950 BEACH PLAZA
ST. PETERSBURG FL 33706

Mailing Address

6950 BEACH PLAZA
ST. PETERSBURG FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/18/1990**

3a. Date of Last Report: **03/04/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite Apt. # etc. — 22

Suite Apt. # etc. — 27

City & State — 23

City & State — 28

Zip — 24

Country — 25

Zip — 29

Country — 30

4. FEI Number: **59-3020889** ☐ 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

EATON, DAVID A.
7301 NINTH STREET NORTH
ANCHOR SAVINGS BANK BLDG.
ST. PETERSBURG FL 33702

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 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

(If changing Registered Agent, New Registered Agent must sign above.) (If changing Registered Agent, Former Registered Agent must sign above.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	JONES, BETTY L.	32 NAME	
33 STREET ADDRESS	432 BEACH DR., N.E.	33 STREET ADDRESS	
34 CITY ST ZIP	ST. PETERSBURG FL	34 CITY ST ZIP	
35 TITLE	D	35 TITLE	☐ Change ☐ Addition
36 NAME	JONES, RICHARD M.	36 NAME	
37 STREET ADDRESS	432 BEACH DR., N.E.	37 STREET ADDRESS	
38 CITY ST ZIP	ST. PETERSBURG FL	38 CITY ST ZIP	
39 TITLE	D	39 TITLE	☐ Change ☐ Addition
40 NAME	ANTINORA, THOMAS	40 NAME	
41 STREET ADDRESS	5 BANBURY DR.	41 STREET ADDRESS	
42 CITY ST ZIP	ROCHESTER NY	42 CITY ST ZIP	
43 TITLE		43 TITLE	☐ Change ☐ Addition
44 NAME		44 NAME	
45 STREET ADDRESS		45 STREET ADDRESS	
46 CITY ST ZIP		46 CITY ST ZIP	
47 TITLE		47 TITLE	☐ Change ☐ Addition
48 NAME		48 NAME	
49 STREET ADDRESS		49 STREET ADDRESS	
50 CITY ST ZIP		50 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I am aware that any false information submitted in a document to the Department of State for filing may subject me to criminal sanctions pursuant to Chapter 817, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above or on an attachment with an address.

SIGNATURE: [signature] 4/27/95 (813)367-3061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307099 CP