

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jan 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M69877 (2)

1. Corporation Name  
AMELIA LANDINGS COMPANY



Principal Place of Business % LYNDIA R. AYCOCK 3000 INDEPENDENT SQUARE JACKSONVILLE FL 32202	Mailing Address % LYNDIA R. AYCOCK 3000 INDEPENDENT SQUARE JACKSONVILLE FL 32202-5041
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3. Date Incorporated or Qualified 02/29/1988	3a. Date of Last Report 01/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 57-0864415 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
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9. Name and Address of Current Registered Agent AYCOCK, LYNDIA R. 3000 INDEPENDENT SQUARE JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	
NAME	BELL, GUS H., III	12 NAME	
STREET ADDRESS	329 COMMERCIAL DR.	13 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	
NAME	GUPTON, DUANE	22 NAME	
STREET ADDRESS	329 COMMERCIAL DR	23 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	
NAME	AYCOCK, LYNDIA R.	32 NAME	
STREET ADDRESS	3000 INDEPENDENT SQUARE	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	DVAS	41 TITLE	
NAME	BELL-WOODS, SUZANNE A	42 NAME	
STREET ADDRESS	128 E 52ND ST	43 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: GUS H. BELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1-16-97 (912) 354 4626  
Date Daytime Phone #

CR2E034 (9/96)