

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # M83438 (5)**

1. Corporation Name

**FIRST BEACH DEVELOPMENT CORPORATION**

95 JUL -5 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
P.O. BOX 411  
FERNANDINA BCH FL 32034

Mailing Address  
P.O. BOX 411  
FERNANDINA BCH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/01/1988** 3a. Date of Last Report **04/01/1994**

2. Principal Place of Business

2a. Mailing Address

4. FID Number  
**59-2893417**

Applied For  
First Appearance

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23. Zip Country

28. Zip Country

8. This corporation has liability for reinstatement under s. 190.032  
Florida Statutes ☐ Yes ☐ No

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, E. A.  
1848 HIGHLAND DR  
FERNANDINA BCH FL 32034**

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 607.1504, 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 aware with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent or person who is registered agent and their approval

Signature of Registered Agent or person who is registered agent

(4)

12. OFFICERS AND DIRECTORS

13. ALTERNATE CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME  
VPS  
**WILLIAMS, E. A.  
1848 HIGHLAND DR.  
FERNANDINA BCH FL**

1. NAME  
2. STREET ADDRESS  
3. CITY, ST. ZIP

☐ Change ☐ Addition

NAME  
TD  
**WILLIAMS, E. A.  
1848 HIGHLAND DR.  
FERNANDINA BCH FL**

1. NAME  
2. STREET ADDRESS  
3. CITY, ST. ZIP

☐ Change ☐ Addition

NAME  
PD  
**WILLIAMS, H.E.  
RT.3, BOX 213 H  
FERNANDINA BCH FL**

1. NAME  
2. STREET ADDRESS  
3. CITY, ST. ZIP

☒ Change ☐ Addition

NAME  
VPD  
**BLALOCK JR, R.N.  
101 NORTH 15TH STREET  
FERNANDINA BCH FL**

1. NAME  
2. STREET ADDRESS  
3. CITY, ST. ZIP

☐ Change ☐ Addition

NAME  
NAME  
NAME

1. NAME  
2. STREET ADDRESS  
3. CITY, ST. ZIP

☐ Change ☐ Addition

NAME  
NAME  
NAME

1. NAME  
2. STREET ADDRESS  
3. CITY, ST. ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(1)(b), Florida Statutes. I further certify that the information submitted 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 income or budget commissioner or treasurer of the corporation as reported by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an authorized with an address.

SIGNATURE:

*E. A. Williams* **E. A. Williams**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/28/95**

**904-266-7118**