

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 PM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N38910** (8)
1. Corporation Name
MAYPORT PRESERVATION SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
MAYPORT PRESERVATION SOC. P.O. BOX 142 MAYPORT FL 32267		MAYPORT PRESERVATION SOC. P.O. BOX 142 MAYPORT FL 32267	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
06/29/1990	06/23/1994
4. FEI Number	Applied For
59-3078339	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TUTTLE, SANDRA F 1423 ROXIE ST. MAYPORT FL 32233				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			FL

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 Sandra Tuttle DATE 04-25-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, LAWRENCE M.	1.2 NAME	
STREET ADDRESS	519 HOPKINS ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTTLE, SANDRA F.	2.2 NAME	
STREET ADDRESS	1423 ROXIE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAYPORT FL 32233	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, THOMAS A.	3.2 NAME	
STREET ADDRESS	4625 RIBAUT DR.	3.3 STREET ADDRESS	767 Vecuna Rd
CITY-ST-ZIP	MAYPORT FL 32233	3.4 CITY-ST-ZIP	Atlantic Beh, Fla 32233
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, JANICE LEE	4.2 NAME	
STREET ADDRESS	1441 PALMER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAYPORT FL 32233	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMARA, BETTY	5.2 NAME	
STREET ADDRESS	310 COUNTRY CLUB	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTES, CLAUDIA	6.2 NAME	
STREET ADDRESS	808 NEPTUNE LN.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32233	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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas A King - President DATE 04-24-95 2419591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR