FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:29

DOCUMENT # **N94000004322 (3)**

1. Corporation Name
SAVE ALLIGATOR POINT BEACHES, INC.

Principal Place of Business	Mailing Address
ROUTE 1, BOX 3592 ALLIGATOR POINT FL 32346	ROUTE 1, BOX 3592 ALLIGATOR POINT FL 32346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1994
3a. Date of Last Report: NONE
4. FEI Number: 59-3274449 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MOORE, W. TAYLOR
2105 DELTA BLVD.
SUITE 101
TALLAHASSEE FL 32303

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MELLOTT, EUGENE	12 NAME	
STREET ADDRESS	ROUTE 1, BOX 3592	13 STREET ADDRESS	
CITY-ST-ZIP	ALLIGATOR POINT FL 32346	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	KOBDILL, KAREN	22 NAME	
STREET ADDRESS	ROUTE 1, BOX 3641	23 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SCARINGE, WILLIAM	32 NAME	
STREET ADDRESS	ROUTE 1, BOX 3443	33 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	COPELAND, JOHN	42 NAME	
STREET ADDRESS	ROUTE 1, BOX 3401	43 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MCGOWAN, L.R.	52 NAME	
STREET ADDRESS	519 NORTH RIDE	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	54 CITY-ST-ZIP	
TITLE	STD	61 TITLE	☐ Change ☐ Addition
NAME	MOORE, W. TAYLOR	62 NAME	
STREET ADDRESS	1426 COLONIAL DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Taylor Moore — 2-15-95 — 904-386-6665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028133