

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90003 012 \*\*\*550.00

DOCUMENT # **P93000013130**

1. Corporation Name  
**OCEANS OF AMELIA RENTAL ASSOCIATION, INC.**



Principal Place of Business  
**382 S. FLETCHER AVENUE  
SUITE 200  
FERNANDINA BEACH FL 32034  
US**

Mailing Address  
**382 S. FLETCHER AVENUE  
SUITE 200  
FERNANDINA BEACH FL 32034  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/22/1993**

4. FEI Number

**59-3168053**

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 owes the current year  
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HENRY, J R  
1817 HIGHLAND DR 1919 SUNRISE DRIVE  
FERNADINA BEACH FL 32034**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **RVP** ☐ DELETE

NAME **MCNEAL, S**

STREET ADDRESS **3012 SIMPSON PARK RD**

CITY-ST-ZIP **GAINESVILLE GA 30506**

TITLE **VP BOARD MEMBER** ☐ DELETE

NAME **CLAY, CLARENCE**

STREET ADDRESS **1033 NORMANSY RD.**

CITY-ST-ZIP **MACON GA 31210**

TITLE **M** ☐ DELETE

NAME **MCLAUGHLIN, P A**

STREET ADDRESS **1613 CAMELLIA DR**

CITY-ST-ZIP **WAYCROSS GA 31501**

TITLE **T** ☐ DELETE

NAME **HENRY, J R**

STREET ADDRESS **1817 HIGHLAND DR**

CITY-ST-ZIP **FERNANDINA BCH FL 32034**

TITLE **ALVIN SACK** ☐ DELETE

NAME **1707 HICKS DRIVE**

STREET ADDRESS **VIENNA, VA**

CITY-ST-ZIP **22182**

TITLE **JOE SCANLAN** ☐ DELETE

NAME **6575 SENTRY HILL TRAIL**

STREET ADDRESS **ATLANTA, GEORGIA**

CITY-ST-ZIP **30328**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **BOARD MEMBER** ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **PRESIDENT** ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS **1919 SUNRISE DRIVE**

4.4 CITY-ST-ZIP

5.1 TITLE **BOARD MEMBER** ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **SECRETARY** ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

**SIGNATURE REQUIRED**  
**Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

**7-19-99**

Daytime Phone #

CR2E034 (5/99)

0001056