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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 8:41

DOCUMENT # **P93000058443 (1)**

1. Corporation Name
AMELIA SECURITIES INC.

Principal Place of Business	Mailing Address
17 BEACHWALKER RD FERNANDINA BEACH AMELIA ISLAND FL 32034	17 BEACHWALKER RD FERNANDINA BEACH AMELIA ISLAND FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1993	3a. Date of Last Report: 02/07/1994
2. Principal Place of Business (21): 1890 S. 14th ST.	2a. Mailing Address (26): 1890 S. 14th St.
Suite, Apt #, etc (22): 301	Suite, Apt #, etc (27): 301
City & State (23): Amelia Island FL.	City & State (28): Amelia Island FL.
Zip (24): 32034 / Country (25): USA	Zip (29): 32034 / Country (30): USA
4. FEI Number: 59-3200344 ☐ 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	

9. Name and Address of Current Registered Agent

MANESS, DIANA L
17 BEACHWALKER RD
FERNANDINA BEACH
AMELIA ISLAND FL 32034

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCEO	11 TITLE		☐ Change ☐ Addition
NAME	MANESS, DIANA L	12 NAME		
STREET ADDRESS	17 BEACHWALKER RD	13 STREET ADDRESS		
CITY ST ZIP	FERNANDINA BEACH/AMELIA ILNDFL	14 CITY ST ZIP		
TITLE	D	21 TITLE	*	☒ Change ☐ Addition
NAME	OVODOW, NICOLAI	22 NAME	OVODOW, NICOLAI	deleted
STREET ADDRESS	14 SUNSET DR	23 STREET ADDRESS		
CITY ST ZIP	WESTON CT	24 CITY ST ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	SPARKS, SHERRY	32 NAME	SPARKS, SHERRY	deleted
STREET ADDRESS	103 N. BYRON RD.	33 STREET ADDRESS		
CITY ST ZIP	WICHITA KA	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diana L. Maness DIANA L. MANESS 5/22/95 321 2130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003780 CP