FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000067555 1. Corporation Name

THE AMELIA ISLAND WILLIAMS' HOUSE, INC.

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90020 014 ***150.00



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Principal Place	e of Business	Mailir	g Address			I (TATELLE HE ISLEE HELD SHILL BELL)	88111 88118 81111 18		
103 SOUTH 9TH ST. FERNANDINA BEACH FL 32034 103 SOUTH 9TH ST. FERNANDINA BEACH FL 32034 104 SOUTH 9TH ST. FERNANDINA BEACH FL 32034				034	DO NOT WRITE IN THIS SPACE				
						 Date Incorporated or Qualifed 09/28/1993 			
2. Principal P	lace of Business	2a. M	ailing Address			4. FEI Number		Ap	plied For
21		26				59-3214409		No	t Applicable_
	#,.etc	St 27	ilte; Apt. #, etc.			5. Certifcate of Status Desired	\$ [*]	8.75 A Fee Re	Additional quired
City & Stat	е	28 C	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country			Zip Country			8. This corporation owes the current year Intangible			
24	25 29 30			30	Personal Property Tax. Yes No				
	9. Name and Address of Curre	nt Register	ed Agent			10. Name and Address of New Re	gistered Ager	ıt	
	•	•		81	Name				Ì
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST.			82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)			
TALL	AHASSEE FL 32301			83	1				
				84	City		FL 85	5 Zip C	Code
					L	A.F. Alexandria			and interest
l office.orr	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	e of Florida.	Such change was at	unonzea ov	r the corporal	poration submits this statement for the p tion's board of directors. I hereby accept	the appointme	nt as req	gistered
SIGNATURE		_							
	Signature, typed or printed name of registered a				int signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE	IDECTO	DS IN 12
12.	OFFICERS /	AND DIRECT	DELETE	13.		ADDITIONS/CHANGES TO OFF		Change	T] Addition
TITLE	Р		☐ DETE IE	1.1 TITLE			ب	C.I.a.igo	
NAME	FLITZ, RICHARD A			1.2 NAME					}
STREET ADDRESS					TADDRESS				
C/TY-ST-Z/P	FERNANDINA BEACH FL 320	<u>34 </u>		1.4 CITY-	ST-ZIP			Change	Addition
TITLE	V		☐ DELETE	2.1 TITLE			. Ц	Change	EJ Addition
NAME	CARTER, CHRIS E			2.2 NAME					[
STREET ADDRESS	100 000, 0			2.3 STREE	TADORESS				4.11 Table
CITY-ST-ZIP -	FERNANDINA BEACH FL 320	34		2.4 CITY-	\$T-ZIP			<u> </u>	E2 Addition
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STREET ADDRESS	{			6.3 STREE	ET ADDRESS				
31112277001200				64 CITY-	ST-ZIP				İ

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, with all other like empowered.

SIGNATURE: