

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000088315 (5)** *2-5-96 B-0722C*

1. Corporation Name
260ME, INC.



Principal Place of Business

Mailing Address

**ST AUGUSTINE AIRPORT
U S 1 NORTH
ST AUGUSTINE FL 32084**

**P.O. BOX 1615
ST. AUGUSTINE FL 32085
US**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26

State, Apt. #, etc.

22. City & State

27

City & State

23. Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/20/1993

3a. Date of Last Report

01/27/1995

4. FEI Number

59-3226399

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

10. Name and Address of New Registered Agent

**MOSER, JAMES A
4900 US 1 NORTH
SUITE 100
ST AUGUSTINE FL 32084**

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, type or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

1.2 NAME **PD
FULLER, ROBERT B**
1.3 STREET ADDRESS **2900 S OCEAN DRIVE**
1.4 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

1.5 TITLE ☐ DELETE

1.6 NAME **VD
MOSER, JAMES A**
1.7 STREET ADDRESS **614 20TH STREET N BEACH**
1.8 CITY-ST-ZIP **ST AUGUSTINE FL 32095**

1.9 TITLE ☐ DELETE

1.10 NAME **STD
MARSH, MARK L**
1.11 STREET ADDRESS **1827 SWISS OAKS STREET**
1.12 CITY-ST-ZIP **SWITZERLAND FL 32259**

1.13 TITLE ☐ DELETE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PD
MARSH, MARK L.**
1.3 STREET ADDRESS **1827 SWISS OAKS ST.**
1.4 CITY-ST-ZIP **SWITZERLAND, FL. 32259**

1.5 TITLE ☐ Change ☐ Addition

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 18, 1996

904 824-1995

CR2E034 (12/95)