FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 -1 AM 11:21

DOCUMENT # **P94000048376 (5)**

1. Corporate Name

THE NEPTUNE BEACH HOUSE, INC.

Principal Place of Business	Mailing Address
4595 LEXINGTON AVE JACKSONVILLE FL 32210	4595 LEXINGTON AVE JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/27/1994**
3a. Date of Last Report:

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

4. FEI Number: 59-3260591 — 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

BROWN, ELAINE
4595 LEXINGTON AVE
JACKSONVILLE FL 32210

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 Section 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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY ST ZIP	Pres. / Dir Douglas J. Milne 4595 Lexington Ave Jax FL 32210	1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY ST ZIP	☐ Change ☐ Addition
2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY ST ZIP	V.P / Dir Jack E. Milne 4595 Lexington Ave Jax FL 32210	2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY ST ZIP	☐ Change ☐ Addition
3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY ST ZIP		3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY ST ZIP	☐ Change ☐ Addition
4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY ST ZIP		4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY ST ZIP	☐ Change ☐ Addition
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY ST ZIP		5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY ST ZIP	☐ Change ☐ Addition
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY ST ZIP		6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY ST ZIP	☐ Change ☐ Addition

14. I declare, certify, that the information required with this filing is absolutely truthful 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 report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: D J Milne, Pres. 4/27/95 904-387-6770

SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Telephone Number

0405670 FP