

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000051318 (1)**

1. Corporation Name

**MAY RESORT RENTALS, INC.**

Principal Place of Business

Mailing Address

4320 A1A SOUTH  
SUITE 2  
ST. AUGUSTINE FL 32084

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SUITE 2  
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

07/08/1994

4. FEI Number Applied For  
59-3256458 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. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

FLETCHER, BABBETTE L  
SUITE 3100, BARNETT CENTER  
50 NORTH LAURA ST.  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name CYNTHIA H. O'NEIL  
82 Street Address (P.O. Box Number is Not Acceptable) 4320 A1A SOUTH #2  
83  
84 City ST AUGUSTINE FL 85 Zip Code 32084

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 *Cynthia H. O'Neil* CYNTHIA H. O'NEIL 4/28/95  
Signature of agent or director of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	
NAME	MARKS, ANNA	Delete
STREET ADDRESS	6368 PUTNAM ST.	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	
NAME	ARENAS, PATRICIA	Delete
STREET ADDRESS	15 SYLVAN DR.	
CITY - ST - ZIP	ST AUGUSTINE FL 32095	
TITLE	D	
NAME	O'NEIL, CYNTHIA	Change
STREET ADDRESS	3840 WINTERHAWK COURT	
CITY - ST - ZIP	ST AUGUSTINE FL 32088	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REBECCA ANN GOOD	
1.3 STREET ADDRESS	8118 EAST BAYMEADOWS CIRCLE #26	
1.4 CITY - ST - ZIP	JACKSONVILLE FL 32256	
2.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CYNTHIA H. O'NEIL	
2.3 STREET ADDRESS	3840 WINTERHAWK CT	
2.4 CITY - ST - ZIP	ST. AUGUSTINE FL 32086	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 116.07(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: *Cynthia H. O'Neil* 4/28/95 (904) 961-9708  
Signature and Typed or Printed Name of Signing Officer or Director (Name) (Signature Here)