

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90029 016 ***150.00

DOCUMENT # P94000062455

1. Entity Name

TBP OF AMELIA ISLAND, INC.



Principal Place of Business

114 CENTRE STREET
P.O. BOX 937
FERNANDINA BEACH FL 32034

Mailing Address

P.O. BOX 937
FERNANDINA BCH FL 32035
US

94027934



MOORE CR2E034 (11/03)

2. Principal Place of Business

3106 B S. FLETCHER AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

P.O. Box 937

City & State

FERNANDINA BEACH, FL

City & State

FERNANDINA BEACH, FL

Zip

32034

Country

NASSAU

Zip

32035

Country

NASSAU

4. FEI Number

59-3327398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POOLE, WESLEY R
303 CENTRE ST
SUITE 200
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME TOLLISON, HUGH K SR
STREET ADDRESS 3106 S FLETCHER AVE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE DST ☐ Delete
NAME JACKSON, KAREN K
STREET ADDRESS 2190 LAKESIDE DRIVE EAST
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hugh K. Tollison
Hugh K. TOLLISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04 (904) 261-8400

Date

Daytime Phone *