

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 # P94000076408 (1)
1. Corporation Name

PROPERTIES OF AMELIA, INC.



Principal Place of Business Mailing Address
2977 PARK SQUARE PLACE 2977 PARK SQUARE PLACE
FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034

2. Principal Place of Business 2a. Mailing Address
21 3011 Robert Oliver Ave. 26 3011 Robert Oliver Ave.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Fernandina Beach, FL 28 Fernandina Beach, FL
24 Zip 32034 25 Country Nassau 29 32034 30 Nassau

3. Date Incorporated or Qualified 10/14/1994 3a. Date of Last Report 04/25/1995
4. FEI Number 59-3278153 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 10. Name and Address of New Registered Agent
OLIVER, CATHY A 81 Name
2977 PARK SQUARE PLACE 82 Street Address (P.O. Box Number is Not Acceptable)
FERNANDINA BEACH FL 32034 3011 Robert Oliver Avenue
83
84 City Fernandina Beach FL 85 Zip Code 32034

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 _____ DATE _____
Signature of person named in previous block and the registered agent, if different. Signature of Registered Agent required when removing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	OLIVER, CATHY A	1.2 NAME	
STREET ADDRESS	2977 PARK SQUARE PLACE	1.3 STREET ADDRESS	3011 Robert Oliver Avenue
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

Cathy A. Oliver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 (904) 261-6778

Date

Daytime Phone #

CR2E034 (12/95)