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



| COF ANN, | PROFIT PROPITION JAL REPORT 1996 | | | B Mortham iry State | | |
|------------------------|---|--|-----------------------|-------------------------|-----------------|--|
| | MENT # P9500 |)OOC | 1208 (4 | .) | | |
| 1. Corporation | er bay properties, inc | | • | • | | |
| 0101 | en oat rhorenties, inc | 1 | | | | A MAGNATAN NIO MARAN ARKIN ARKIN ARKIN ARKIN ARKIN ARKIN ARKIN SURNA KARIN ARKIN ARKIN KARIN KARIN |
| District Disc | | | | | | |
| Principal Place | | Mailing Address | | | | 200 100 100 100 100 100 100 100 100 100 |
| | er bay drive Ia beach fl 32034 | 4224 Oyster bay drive Fernandina beach FL 32034 | | | | |
| | | | | | | Date Incorporated or Qualified 3a. Date of Last Report |
| | | т | | | | 01/05/1995 |
| 2. Principal Pl | ace of Business | 2a. 1 | Mailing Address | | | 4. FFI Number Applied For Not Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | | 27 | | | | Fee Required |
| Orty & State | | 28 | Dity & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | Country | + | | Country | | 8. This corporation has liability for intangible tax under s 199.032, |
| 24 | 25 9. Name and Address of Curren | 29 | and A cont | 30 | | Florida Statutes Yes Byo |
| | g, Name and Address of Correct | i negisie | red Agent | 81 | Name | 10. Name and Address of New Registered Agent |
| BUNNE | ELL, D.W. | | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) |
| 1453 OX BOTTOM ROAD | | | | | Street At | adress (F.O. Box Number is Not Acceptable) |
| • TALLA | HASSEE FL 32312 | | | 83 | | |
| | | | | 84 | City | 85 Zip Code |
| †1. Pursuant t | to the provisions of Sections 607.0502 | and 607. | 1508 Florida Statutes | s, the above r | amed con | Doration submits this statement for the purpose of changing its registered office |
| 1 OF TELLISIES | ed agent, or both, in the State of Flori: th, and accept the obligations of, Secti | ia Suchic | :Dance was authorzer | d by the corp | oration's b | oard of directors. Thereby accept the appointment as registered agent, Lan: |
| SIGNATURE | | | | | | |
| 12. | Styrature, typed or printed name of registered againt OFFICERS ANI | | · | t Registerari Ager | l Signature req | DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | President Director | - - | DELETE | 1 1 TITLE | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition |
| NAME | D.W. Bunnell 1543 Ox Bottom Rox | í | | 1.2 NAME | | |
| STREET ADDRESS | 1543 Ox Bottom No | id- | | 1.3 STREET | ADDRESS | |
| C-TY-ST-ZIP TITLE | Tallahassee, FL 3 | 3315 | C OCICI | 1 4 CiTy - S | 1 - 21F | |
| NAME | Sec/Tres/Director B.H. Williams | | DELETE | 2 1 111116 | | Change Addition |
| STREET ADDRESS | 4224 Oyster Bay D | rive | | 2.2 NAME 2.3 STREET | 223900A | |
| CITY + ST - ZIP | Fernandina Beach, | FL 3. | 2034 | 24 CHY S | | İ |
| TITLE | | | DELETE | 3 111LF | | Change Addition |
| NAME | | | | 3.2 NAMF | | |
| STREET ADDRESS | | | | 3.3 STREET | j | |
| CITY+ST+ZIP TITLE | | | DELETE | 34 CITY - S 4-1 HTLE | 1 - 719 | Change Addition |
| NAME | | | | 4.2 NAME | | Change Treatment |
| STREET ADDRESS | | | | 43 STREET | ADDRESS | |
| CITY - ST - ZI2 | | | | 44 C TY-S | I - ZiP | |
| TITLE | | | DELETE | 5 1 T TLE | | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | | | 5.2 NAME | +DDDCCC | 200001820212 96 -05/14/96010230147 ****200.00 |
| CITY-ST-ZIP | | | | 5.3 STREET | | ****000 00 |
| TITLE | | | DELFTE | 540HY S 6 1 TIME | 1 - 241 | ###∠UU, UU Change Add tion |
| NAME | | | | 6.2 NAME | | |
| STREET ADDRESS | | | | 6.3 STREET | ADDRESS | |
| CITY - ST - ZIP | | | | 64 City - S | I - 71P | |

6 4 City- St- ZiP

14. To 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 curporation 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 #/11/96

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytin e Provie #