

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080421 (7)

1. Corporation Name

AMELIA RIVER ENTERPRISES, INC.



Principal Place of Business

Mailing Address

1 WATER OAK
AMELIA ISLAND FL 32034

1 WATER OAK
AMELIA ISLAND FL 32034

2. Principal Place of Business

2a. Mailing Address

21 (Same as above)

26 (Same as above)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Nassau

29 Nassau

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/16/1995

3a. Date of Last Report

1st Report

4. FEI Number

59-3354037

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 ☒

10. Name and Address of New Registered Agent

LEGGIO, ANTHONY J ESQ
303 CENTRE STREET #102
FERNANDINA BEACH FL 32034

81 Name

(Same)

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

83

84 City

FL

85 Zip Code

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

N/A

Signature, type or print name of officer or director

Date Registered Agent Signature Required when appointing

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LEGGIO, SHIRLEY J
STREET ADDRESS 1 WATER OAK
CITY-ST-ZIP AMELIA ISLAND FL 32034

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

(No changes)

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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:

Shirley J. Leggio

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley J. Leggio, President/Director

4/19/96

(904)277-2222

Daytime Phone #

CR2E034 (12/95)