FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the info Information indicated on this ar I am an officer or director of thy



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079070 (4)

FERNANDINA'S SKATIN' PLACE, INC.

Principal Place of Business Mailing Address 1114 SOUTH 14TH STREET 1114 SOUTH 14TH STREET FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034-2920 3. Date Incorporated or Qualified 3a. Date of Last Report 09/23/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Yes Yes 24 25 29 30 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name BLANKENSHIP, TAMARA 205 SOUTH 16TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 FERNANDINA BEACH FL 32034 83 84 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 (NOT):: Registered Agent signature required when re-instaling) DATE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.3 TO LE President **BLAKENSHIP, TAMARA** 12 NAME NAME Allortic Ave 205 SOUTH 16TH STREET Fernandina Ben re V. Tres & Secretary / D STREET ADDRESS 1.3 STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP 14 CITY - \$1 - ZIP DELETE **Change** Addition 2.1 1ITLE TITLE BLAKENSHIP, CAROLYN M Blankenship, C 2200, Allantic NAME 22 NAME 2200 ATLANTIC AVENUE 2.3 STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP 2 4 CHY-S1-ZIP DELLTE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY- \$1-ZIP CITY-ST-ZIP DELFTE Change ■ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 70P DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5,4 City-St-ZiP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

ed with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that or the report of trustee ampoweled to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

May 13 1997 8:00am

Secretary of State