

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000069980 (5)

1. Corporation Name

RESORT SERVICES OF AMELIA ISLAND, INC

Principal Place of Business

1417 SADLER ROAD
MSC 321
FERNANDINA BEACH FL 32034

Mailing Address

1417 SADLER ROAD
MSC 321
FERNANDINA BEACH FL 32034

2. Principal Place of Business

21 2386 Jamestown Rd.

Suite, Apt. #, etc.

22 FERNANDINA Bch. Fl.

City & State

23

Zip

24 32034

Country

25 U.S.

28. Mailing Address

26 1417 SADLER Rd.

Suite, Apt. #, etc.

27 MSC 321

City & State

28 FERNANDINA Bch. Fl.

Zip

29 32034

Country

30 U.S.

3. Date Incorporated or Qualified

08/12/1997

Applied For

Not Applicable

4. FEI Number

59-3444170

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

STEPHENS, SCOTT
2215 EAST S.R. 200
YULEE FL 32097-1987

10. Name and Address of New Registered Agent

81 Name

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

Signature typed or printed (name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREET ADDRESS	1.2 NAME	K. TYRONE Rhodes
CITY-ST-ZIP		1.3 STREET ADDRESS	622 S. 5th St.
		1.4 CITY-ST-ZIP	FERNANDINA Bch. Fl. 32034
TITLE	NAME	2.1 TITLE	V- President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREET ADDRESS	2.2 NAME	Charles E. Floyd
CITY-ST-ZIP		2.3 STREET ADDRESS	123 N. 10th St
		2.4 CITY-ST-ZIP	FERNANDINA Bch. Fl. 32034
TITLE	NAME	3.1 TITLE	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREET ADDRESS	3.2 NAME	PETRINA C. Floyd
CITY-ST-ZIP		3.3 STREET ADDRESS	123 N. 10th St
		3.4 CITY-ST-ZIP	FERNANDINA Bch. Fl. 32034
TITLE	NAME	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREET ADDRESS	4.2 NAME	Renae Rhodes
CITY-ST-ZIP		4.3 STREET ADDRESS	522 S. 5th St.
		4.4 CITY-ST-ZIP	FERNANDINA Bch. Fl. 32034
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 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:

Petrina Floyd T/S.

2/18/98

261-3142

CR2E034 (10/97)