

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90023 001 ***150.00

DOCUMENT # P97000069980

1. Corporation Name

RESORT SERVICES OF AMELIA ISLAND, INC

Principal Place of Business

2386 JAMESTOWN RD
FERNANDINA BEACH FL 32034
US

Mailing Address

1417 SADLER RD
MSC 321
FERNANDINA BEACH FL 32034
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1997

4. FEI Number

59-3444170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

TITLE P ☐ DELETE

NAME RHODES, K T
STREET ADDRESS 522 S 5TH ST
CITY-ST-ZIP FERNANDINA BCH FL 32034

TITLE VP ☒ DELETE

NAME FLOYD, CHARLES E
STREET ADDRESS 123 N 10TH ST
CITY-ST-ZIP FERNANDINA BCH FL 32034

TITLE TS ☒ DELETE

NAME FLOYD, PETRINA C
STREET ADDRESS 123 N 10TH ST
CITY-ST-ZIP FERNANDINA BCH FL 32034

TITLE D ☐ DELETE

NAME RHODES, RENAE
STREET ADDRESS 522 S 5TH ST
CITY-ST-ZIP FERNANDINA BCH FL 32034

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4944 Windward Pl.
1.4 CITY-ST-ZIP Amelia Island, FL 32034

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME VP Rene Rhodes
4.3 STREET ADDRESS 4944 Windward Pl.
4.4 CITY-ST-ZIP Amelia Island, FL 32034

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Teranaye S. Rhodes
5.3 STREET ADDRESS 4944 Windward Place
5.4 CITY-ST-ZIP Amelia Island, FL 32034

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Tr Kelvin T. Rhodes, Jr
6.3 STREET ADDRESS 4944 Windward Pl.
6.4 CITY-ST-ZIP Amelia Island, FL 32034

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

4-22-99

904-321-0016

CR2E034 (11/98)