

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

DOCUMENT # P97000101698

1. Corporation Name  
ANASTASIA INN, INC.

Principal Place of Business

3261 USINA ROAD  
ST AUGUSTINE FL 32095

Mailing Address

3261 USINA ROAD  
ST AUGUSTINE FL 32095

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90175 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1997

4. FEI Number

59-3480504

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 218 ANASTASIA BLVD

2a. Mailing Address

26 218 ANASTASIA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST. AUGUSTINE FL

City & State

28 ST. AUGUSTINE, FL

Zip

24 32084 25 U.S.A

Zip

29 32084 30

9. Name and Address of Current Registered Agent

THOMPSON, CARL E  
3261 USINA ROAD  
ST AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name THOMPSON, CARL E

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

83 218 ANASTASIA BLVD

84 City ST. AUGUSTINE

FL

85 Zip Code 32084

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 PTD ☒ DELETE  
NAME THOMPSON, CARL E  
STREET ADDRESS 3261 USINA ROAD  
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE VSD ☒ DELETE  
NAME THOMPSON, NANCY L  
STREET ADDRESS 3261 USINA ROAD  
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PTD ☒ Change ☐ Addition  
1.2 NAME THOMPSON CARL E  
1.3 STREET ADDRESS 218 ANASTASIA BLVD  
1.4 CITY-ST-ZIP ST AUGUSTINE, FL 32084

2.1 TITLE VSD ☒ Change ☐ Addition  
2.2 NAME THOMPSON NANCY L  
2.3 STREET ADDRESS 218 ANASTASIA BLVD  
2.4 CITY-ST-ZIP ST AUGUSTINE, FL 32084

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  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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, with all other like empowered.

SIGNATURE:

Nancy L Thompson NANCY L. THOMPSON

4/19/99 (904) 987-6583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

001808