

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

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Apr 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mort</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S07556 (1)**  
 1. Corporation Name  
**LIGHTHOUSE REALTY OF ST. GEORGE ISLAND, INC.**



Principal Place of Business <b>BOX 126</b> <b>(WEST GULF BEACH DR.)</b> <b>ST. GEORGE ISLAND FL 32328</b>	Mailing Address <b>BOX 126</b> <b>(WEST GULF BEACH DR.)</b> <b>ST. GEORGE ISLAND FL 32328-C</b>
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2. Principal Place of Business <b>61 WEST GULF BEACH DRIVE</b> <b>SUITE C</b> <b>ST. GEORGE ISLAND, FL</b> <b>32328</b> City & State Country <b>FRANKLIN</b>	2a. Mailing Address <b>61 WEST GULF BEACH DR.</b> <b>SUITE C</b> <b>ST. GEORGE ISLAND, FL</b> <b>32328</b> City & State Country <b>FRANKLIN</b>
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3. Date Incorporated or Qualified <b>10/22/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3033797</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MILEY, MARION K.</b> <b>IBIS WAY</b> <b>ST. GEORGE'S PLANTATION, ST GEORGE ISLAND</b> <b>EASTPOINT FL 32328</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b> NAME <b>MILEY, MARION K.</b> STREET ADDRESS <b>IBIS WAY, ST GEORGES PLA</b> CITY-ST-ZIP <b>ST GEORGE ISLAND FL</b>	<input type="checkbox"/> DELETE	1.1E 1.2ME 1.3EET ADDRESS 1.4Y-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1E 2.2ME 2.3EET ADDRESS 2.4Y-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1E 3.2ME 3.3EET ADDRESS 3.4Y-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1E 4.2ME 4.3EET ADDRESS 4.4Y-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1E 5.2ME 5.3EET ADDRESS 5.4Y-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1E 6.2ME 6.3EET ADDRESS 6.4Y-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: **MARION K. MILEY** DATE: **April 18, 1997** (904) 927-2821  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)