

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90014 026 ***150.00

DOCUMENT # S84036

1. Corporation Name

PONCE LANDING OF ST. AUGUSTINE BEACH RENTAL COMP
ANY, INC.

Principal Place of Business

826 A1A BCH. BLVD. #41
ST. AUGUSTINE BEACH FL 32084
US

Mailing Address

826 A1A BCH. BLVD #41
ST. AUGUSTINE BEACH FL 32084
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1991

4. FEI Number

59-3085210

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, KATHERINE G
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32085-3007

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
NAME THORNE, SUSAN
STREET ADDRESS 8787 SOUTHSIDE BLVD #2902
CITY-ST-ZIP JACKSONVILLE FL 32256

DELETE

TITLE B
NAME GEIB, SUSAN
STREET ADDRESS 6233 A1A SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL 32084

DELETE

TITLE T
NAME BURT, JAMES W
STREET ADDRESS 8258 DAWN DR
CITY-ST-ZIP JONESBORO GA 30236

DELETE

TITLE SECR
NAME COBBS, BETTY
STREET ADDRESS 49 LOGANBERRY CIR
CITY-ST-ZIP VALDOSTA GA 31602

DELETE

TITLE V
NAME LYONS, HAROLD
STREET ADDRESS 5802 SW 89TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32608

DELETE

TITLE D
NAME ZUCCARDI, JAMES
STREET ADDRESS 508 CASTANO STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32086

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

BROKER
MR JOHN VONASEK
4670 A1A SOUTH
ST. AUGUSTINE, 32084

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)