

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V43418** (5)

1. Corporation Name

**OYSTER BAY INN, INC.**



Principal Place of Business

**ROUTE 2, BOX 4330-90  
CRAWFORDVILLE FL 32327**

Mailing Address

**ROUTE 2, BOX 4330-90  
CRAWFORDVILLE FL 32327**

3. Date Incorporated or Qualified  
**06/15/1992**

3a. Date of Last Report  
**01/18/1995**

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

9. Name and Address of Current Registered Agent

25

29

~~= KLEFORTH, GEORGIA~~  
~~= ROUTE 2, BOX 4330-90~~  
~~= CRAWFORDVILLE FL 32327~~

4. FEI Number  
**59-3128064**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81

Name

**HARRY H. MITCHELL, Attorney at Law**

82

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

**103 N. Gadsden St.**

83

84

City

**Tallahassee**

FL

85

Zip Code

**323-1**

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

*Harry H. Mitchell*

**Harry H. Mitchell, Attorney at Law**

**January 22, 1996**

12. OFFICERS AND DIRECTORS

TITLE	<del>DPT</del>	<input type="checkbox"/> DELETE
NAME	<del>KLEFORTH, CHARLES</del>	
STREET ADDRESS	<del>RT. 2, BOX 4330-90</del>	
CITY - ST - ZIP	<del>CRAWFORDVILLE FL</del>	
TITLE	<del>DVS</del>	<input type="checkbox"/> DELETE
NAME	<del>KLEFORTH, GLORIA</del>	
STREET ADDRESS	<del>RT. 2, BOX 4330-90</del>	
CITY - ST - ZIP	<del>CRAWFORDVILLE FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>Angel S. Guzman</b>	
3. STREET ADDRESS	<b>Rt. 2, Box 4330-90</b>	
4. CITY - ST - ZIP	<b>Crawfordville, F. 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Angel S. Guzman*  
**ANGEL S. GUZMAN, DIRECTOR, PRESIDENT AND TREASURER**

January **27, 1996** 984926/669

CR2E034 (12/95)