

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

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V46629** (4)  
1. Corporation Name:  
**AMELIA ISLAND BUILDING & DEVELOPMENT COMPANY**



Principal Place of Business  
**17 MARSH CREEK ROAD  
FERNANDINA BEACH FL 32034**

Mailing Address  
**17 MARSH CREEK ROAD  
FERNANDINA BEACH FL 32034-6413**

3. Date Incorporated or Qualified  
**06/24/1992**

3a. Date of Last Report  
**04/29/1996**

2. Principal Place of Business  
21 **144 LONG POINT DR**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **144 LONG POINT DR**  
Suite, Apt. #, etc.

4. FEI Number  
**59-3134284**  
Applied For  
Not Applicable

22 City & State  
23 **AMELIA ISLAND FL**

27 City & State  
28 **AMELIA ISLAND FL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

24 **32034** 25 **NASSAU**

29 **32034** 30 **NASSAU**

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

9. Name and Address of Current Registered Agent

**ROWAN, RIC  
17 MARSH CREEK ROAD  
FERNANDINA BEACH FL 32304**

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 *Ric Rowan* (NOTE: Registered Agent signature required when reinstating) DATE **4-15-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROWAN, RIC</b>	
STREET ADDRESS	<b>17 MARSH CREEK ROAD</b>	
CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RIC ROWAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	<b>144 LONG POINT DR</b>	
1.4 CITY-ST-ZIP	<b>AMELIA ISLAND FL 32034</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Ric Rowan* (NOTE: Registered Agent signature required when reinstating) DATE **4-15-97** (904) 261-8507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RIC ROWAN, Pres**

CR2E034 (9/96)