

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 707083 (2)

1. Corporation Name
JACKSONVILLE SHELL CLUB, INC.



Principal Place of Business Mailing Address
1801 BARRS ST., SUITE 705 JACKSONVILLE FL 32204
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3. Date Incorporated or Qualified 03/31/1964
3a. Date of Last Report 01/30/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1785008	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

LEE, HARRY G
SUITE 705, 1801 BARRS ST
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name Same as Current Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PRESIDENT D.P
NAME	LYERLY, BILL	1.2 NAME	JOHN H. FATU
STREET ADDRESS	6541 SOLANDRA DR.	1.3 STREET ADDRESS	14149 TOMAS PT LN
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JAY, FL 32225
TITLE	DV	2.1 TITLE	D.V.
NAME	THIGPEN, SELMA	2.2 NAME	Charlotte M. Lloyd
STREET ADDRESS	3869 CONCORD STREET	2.3 STREET ADDRESS	1010 N. 24th St.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	DT	3.1 TITLE	D.T.
NAME	FRANK, WILLIAM M	3.2 NAME	St. John, Teresa M
STREET ADDRESS	1865 DEBUTANTE DRIVE	3.3 STREET ADDRESS	2605 Emily Court
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	D	4.1 TITLE	D.S.
NAME	HUNTER, BETTY	4.2 NAME	B. D. Jewell
STREET ADDRESS	6362 DAVID DRIVE	4.3 STREET ADDRESS	3165 VICTORIA PARK ROAD
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, Florida 32216
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Teresa M. St. John Teresa M. St. John 2/21/96 (904) 646-2910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)