

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:27

DOCUMENT # **P04535** (1)

1. Corporation Name  
**BEACH FAMILY CONDO, INC.**

Principal Place of Business: 503 N. BROAD STREET  
P.O. BOX 1071  
THOMASVILLE GA 31799  
US

Mailing Address: 503 N. BROAD STREET  
P.O. BOX 1071  
THOMASVILLE GA 31799  
US

DATE OF STATE FILING (M/D/Y)

3. Date of Corporation (or) Creation: **12/31/1984**  
3a. Date of Last Report: **06/20/1994**

2. Principal Place of Business:  
21. **503 N. Broad Street**  
22. **P.O. Box 1071**  
23. **Thomasville, GA**  
24. **31799**  
25. **USA**

2a. Mailing Address:  
26. **503 N. Broad Street**  
27. **P.O. Box 1071**  
28. **Thomasville, GA**  
29. **31799**  
30. **USA**

4. FIC Number: **58-1588312**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for nonpayment of Florida Statutes:  No  Yes

9. Name and Address of Current Registered Agent  
**ALLEN, M.H.**  
**6213 THOMAS DRIVE**  
**PANAMA CITY FL 32407**

10. Name and Address of New Registered Agent  
01. Name:  
02. Street Address (if Other than in Last Acceptance):  
03.  
04. City: **FL** 05. State Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of a corporate report, or report of agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent familiar with, and accept the obligation of, Sections 607.0504, Florida Statutes.

SIGNATURE

By: (Print Name of Registered Agent) **Allen, M.H.** (Print Name of Agent) **Allen, M.H.**

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>
NAME	<b>BALL, WILLIAM A.</b>
STREET ADDRESS	<b>1701 MILLPOND RD.</b>
CITY, ST, ZIP	<b>THOMASVILLE GA</b>
TITLE	<b>V</b>
NAME	<b>LEWIS, CHARLIE E.</b>
STREET ADDRESS	<b>920 N. DAWSON ST.</b>
CITY, ST, ZIP	<b>THOMASVILLE GA</b>
TITLE	<b>ST</b>
NAME	<b>ALLEN, M.H.</b>
STREET ADDRESS	<b>2105 OLD MONTICELLO ROAD</b>
CITY, ST, ZIP	<b>THOMASVILLE GA</b>
TITLE	<b>P</b>
NAME	<b>CASEY, JOHN C.</b>
STREET ADDRESS	<b>714 N. DAWSON ST.</b>
CITY, ST, ZIP	<b>THOMASVILLE GA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE 12)

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
3. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add New
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New

**ST Allen, M.H.**  
**114 Pony Circle**  
**Thomasville, GA**

14. I, the undersigned, hereby certify that the information supplied with this filing is truthful, furnished in good faith and equally for the corporation stated in this filing. I am not a shareholder, officer, director, or agent of the corporation and I am not a representative of the corporation. I am not a shareholder, officer, director, or agent of the corporation and I am not a representative of the corporation. I am not a shareholder, officer, director, or agent of the corporation and I am not a representative of the corporation.

SIGNATURE:

01-15-95