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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:13

DOCUMENT # **425009** **(8)**

1. Corporation Name
NEW FLAGLER BEACH INN INC

Principal Place of Business	Mailing Address
300 PALM CIRCLE P.O. BOX 1418 FLGLER BEACH FL 32136-3304	300 PALM CIRCLE P.O. BOX 1418 FLGLER BEACH FL 32136-3304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/04/1973**
3a. Date of Last Report: **03/10/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2958421** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (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

FRASSRAND, BERNARD
300 PALM CIRCLE-P. O. BOX 1418
FLGLER BEACH FL 32036

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	GOODWIN, RICHARD J	12 NAME	
STREET ADDRESS	3133 S RIDGEWOOD	13 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	FRASSRAND,BERNARD	22 NAME	
STREET ADDRESS	300 PALM CIR. P.O. #1418	23 STREET ADDRESS	
CITY ST ZIP	FLGLER BEACH FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	RIETSCHEL,RAYMOND	32 NAME	
STREET ADDRESS	423 LITTLE WHALENECK	33 STREET ADDRESS	
CITY-ST-ZIP	MERRICK NY	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	RIETSCHEL, TERRY	42 NAME	
STREET ADDRESS	423 LITTLE WHALENECK	43 STREET ADDRESS	
CITY ST ZIP	MERRICK NY	44 CITY ST ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	FRASSRAND, TREZ	52 NAME	
STREET ADDRESS	300 PALM CIR POBOX #1418	53 STREET ADDRESS	
CITY ST ZIP	FLGLER BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: BERNARD C. FRASSRAND 03-15-95 904-439-2881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403707 FP