

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 460622 (4)
1. Corporation Name
THE INVESTMENT CLUB OF NEW SMYRNA BEACH, INC.

Principal Place of Business Mailing Address
579 HAMILTON STREET 579 HAMILTON STREET
NEW SMYRNA BEACH FL 32168-6552 NEW SMYRNA BEACH FL 32168-6552

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/04/1974** 3a. Date of Last Report **10/05/1994**
4. FEI Number **59-1555774** 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 § 199.032, Florida Statutes ☐ Yes ☐ No

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 25 29 30

9. Name and Address of Current Registered Agent

**SHANNON, DAVID
110 COLUMBUS AVENUE
NEW SMYRNA BEACH FL**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRELL, JIMMY	1.2 NAME	
STREET ADDRESS	579 HAMILTON ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BCH FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, ROBERT C	2.2 NAME	
STREET ADDRESS	579 HAMILTON ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BCH FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, DOROTHY L	3.2 NAME	
STREET ADDRESS	579 HAMILTON ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BCH FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, ALPHONSO	4.2 NAME	
STREET ADDRESS	579 HAMILTON ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BCH FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, GORDON	5.2 NAME	
STREET ADDRESS	579 HAMILTON ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BCH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 110.07(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: Alphons D. Brown **Alphons D. Brown** **04-25-95** **904-427-7064**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #