

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 708715 (8)
1. Corporation Name

FLEET RESERVISTS OF SEMINOLE COUNTY, FLORIDA, IN CORPORATED



Principal Place of Business: 3040 STATE ROAD 46 WEST SANFORD FL 32772-7461
Mailing Address: 3040 STATE ROAD 46 WEST SANFORD FL 32772-7461

3. Date Incorporated or Qualified: 03/26/1965
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1095520	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

HOFFMAN, JOSPEH
1070 IRELAND DR
DELTONA FL 32725

81 Name: JOHNSON, DAN A.
82 Street Address: 103 CIRCLING WOOD CT.
83
84 City: DAYTONA BEACH FL 85 Zip Code: 32124

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: *Dan A. Johnson* DATE: 2 APR 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, JOSEPH	1.2 NAME	JOHNSON, DAN A
STREET ADDRESS	1070 IRELAND DR	1.3 STREET ADDRESS	103 CIRCLING WOOD CT.
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POUNDS, ROY	2.2 NAME	
STREET ADDRESS	105 CIRCLING WOOD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD/SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITAKER, THOMAS	3.2 NAME	
STREET ADDRESS	575 E ROBERTS ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURZ, NORMAN	4.2 NAME	
STREET ADDRESS	209 BITTERSWEET DR	4.3 STREET ADDRESS	600001772086
CITY-ST-ZIP	DEBARY FL	4.4 CITY-ST-ZIP	04/08/96-01035-004
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Dan A. Johnson* Date: 3/14/96 (904) 760-2930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 564-696

CR2E037 (12/95)