


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 708715 (8)**  
1. Corporation Name  
**FLEET RESERVISTS OF SEMINOLE COUNTY, FLORIDA, IN CORPORATED**



Principal Place of Business <b>3040 STATE ROAD 46 WEST SANFORD FL 32772-7461</b>	Mailing Address <b>3040 STATE ROAD 46 WEST SANFORD FL 32772-7461</b>
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3. Date Incorporated or Qualified <b>03/26/1965</b>	
4. FEI Number <b>59-1095520</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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**9. Name and Address of Current Registered Agent**  
**JOHNSON, DAN A**  
**103 CIRCLING WOOD CT**  
**DAYTONA BEACH FL 32124**

**10. Name and Address of New Registered Agent**  
81 Name  
**HERRINGTON, ROBERT**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1401 PURITAN ST.**  
83  
84 City  
**DELTONA** FL 85 Zip Code  
**32725**

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 *Robert Herrington* DATE **2/12/98**

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, DAN A	
STREET ADDRESS	103 CIRCLING WOOD ST	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	POUNDS, ROY	
STREET ADDRESS	105 CIRCLING WOOD CT	
CITY-ST-ZIP	DAYTONA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHITAKER, THOMAS	
STREET ADDRESS	575 E ROBERTS ST	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KURZ, NORMAN	
STREET ADDRESS	209 BITTERSWEET DR	
CITY-ST-ZIP	DEBARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HERRINGTON, ROBERT	
1.3 STREET ADDRESS	1401 PURITAN ST.	
1.4 CITY-ST-ZIP	DELTONA, FL 32725	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DOMBOY, DWAYNE	
2.3 STREET ADDRESS	244 CIRCLE DR	
2.4 CITY-ST-ZIP	DELAND, FL 32724-1578	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: *Robert Herrington* DATE: **2/12/98** (407) 330-1706

CR2E037 (10/97)