

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 21 11 09 95

DOCUMENT # **719104 (2)**

1. Corporation Name

LEON F. STEWART - HAL S. MARCHMAN CENTER, INC.

Principal Place of Business

Mailing Address

124 MICHIGAN AVENUE
DAYTONA BCH FL 32114-3216

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DAYTONA BCH FL 32114-3216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/06/1970	3a. Date of Last Report 03/08/1994
4. FEI Number 59-1295986	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 3875 Tiger Bay Road	26 3875 Tiger Bay Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Daytona Bch FL	28 DAYTONA Bch FL
Zip	Zip
Country	Country
24 32124	25 Volusia
29 32124	30 Volusia

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANTLEY, ERNEST D
129 MICHIGAN AVE
DAYTONA BEACH FL 32014

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 Ernest D. Cantley Ernest D. Cantley 3-15-95
Signature typed or certified name of registered agent and date of filing (Date) Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HUGER, JAMES E
STREET ADDRESS	RIDGEWOOD AVE.
CITY - ST - ZIP	DAYTONA BCH. FL
TITLE	S
NAME	ATTICK, WILLIAM E.
STREET ADDRESS	1308 PEACHTREE DR.
CITY - ST - ZIP	DAYTONA BCH FL
TITLE	D
NAME	KLEINSCHMIDT, CHARLES H.
STREET ADDRESS	233 OAK RIDGE ST.
CITY - ST - ZIP	HOLLY HILL FL
TITLE	VP
NAME	LYNN, EVELYN
STREET ADDRESS	824 PENINSULA DR.
CITY - ST - ZIP	ORMOND BCH FL
TITLE	P
NAME	BEIGHLE, J. W
STREET ADDRESS	6327 PALMAS BAY CIR.
CITY - ST - ZIP	PT ORANGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	T
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or in attachment with an addition.

SIGNATURE: [Signature] 3-15-95 904-255-0447
Signature typed or certified name of signing officer or director Date District Phone #