

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 08 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28955 (5)

1. Corporation Name
DAVIS ISLAND YACHT CLUB, INC.

Principal Place of Business 1315 SEVERN AVE TAMPA FL 33606 US	Mailing Address 1315 SEVERN AVE. TAMPA FL 33605 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Sulte, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 10/20/1988	3a. Date of Last Report 07/15/1996
4. FEI Number 59-0870549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TERRY, WILLIAM
 BARNETT PLAZA
 101 E. KENNEDY BLVD, STE 2580
 TAMPA FL 33601**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 William J. Lang **7/24/97**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HODGES, JOHN	
STREET ADDRESS 2109 W. HILLS AVE., #8	
CITY-ST-ZIP TAMPA FL 33806	
TITLE D	<input type="checkbox"/> DELETE
NAME HIGHNOTE, DON	
STREET ADDRESS 1322 LAKE GEORGE LANE	
CITY-ST-ZIP TAMPA FL 33618	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME GERMAN, DAVE	
STREET ADDRESS 329 COLOMBIA DR.	
CITY-ST-ZIP TAMPA FL 33806	
TITLE D	<input type="checkbox"/> DELETE
NAME MALLORY, JIM	
STREET ADDRESS PO BOX 25771 (N/A)*	
CITY-ST-ZIP TAMPA FL 33622-5771	
TITLE D/S	<input checked="" type="checkbox"/> DELETE
NAME MILLER, TERRY	
STREET ADDRESS 1409 S. ALBANY	
CITY-ST-ZIP TAMPA FL 33606	
TITLE D/T	<input checked="" type="checkbox"/> DELETE
NAME GRIFFIN, BOB	
STREET ADDRESS 420 DANUBE AVE	
CITY-ST-ZIP TAMPA FL 33606	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Gail DeCroes	
1.3 STREET ADDRESS 5412 Crescent Drive	
1.4 CITY-ST-ZIP Tampa, FL 33611	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Brian A. Calka	
3.3 STREET ADDRESS 15935 Nottingham Drive	
3.4 CITY-ST-ZIP Lutz, FL 33549	
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 D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Leon A. Williamson, Jr.	
5.3 STREET ADDRESS 2308 W. Texas Avenue	
5.4 CITY-ST-ZIP Tampa, FL 33629	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Frank Selph	
6.3 STREET ADDRESS 802 S. Newport	
6.4 CITY-ST-ZIP Tampa, FL 33606	

14. I do 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 an attachment with an address.

SIGNATURE: James J. Mallory, D **7/22/97** **813-251-1158**

CR2E037 (4/97)