

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:36

DOCUMENT # 358209

(5)

1. Corporation Name

6855 N OCEAN BOULEVARD INC

Principal Place of Business

**6855 N OCEAN BLVD
OCEAN RIDGE FL 33435**

Mailing Address

**6855 N OCEAN BLVD
OCEAN RIDGE FL 33435**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/16/1970

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-1316952

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 S. 199.032,

Florida Statutes

☐

Yes

☐

No

City & State

23

Zip

Country

City & State

27

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCRUTON, ROBERT T
6849 N OCEAN BLVD
OCEAN RIDGE FL 33435**

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 607.1509, 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 the if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **MELBOURNE, NIXON E**
STREET ADDRESS **6849 N. OCEAN BLVD**
CITY- ST- ZIP **OCEAN RIDGE, FL 00000**

1.1 TITLE **V** ☐ Change ☒ Addition

TITLE **S**
NAME **FARR, MARY LOU**
STREET ADDRESS **6849 N. OCEAN BLVD.**
CITY- ST- ZIP **OCEAN RIDGE, FL 00000**

1.2 NAME ☐ Change ☐ Addition

TITLE **D**
NAME **NAYLOR, JOHN M**
STREET ADDRESS **6849 N OCEAN BLVD**
CITY- ST- ZIP **OCEAN RIDGE, FL 00000**

1.3 STREET ADDRESS **P** ☐ Change ☒ Addition

TITLE **DT**
NAME **WEMYSS, CHARLES**
STREET ADDRESS **6849 N OCEAN BLVD**
CITY- ST- ZIP **OCEAN RIDGE, FL 00000**

1.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE **AST**
NAME **SCRUTON, ROBERT T**
STREET ADDRESS **6849 N OCEAN BLVD**
CITY- ST- ZIP **OCEAN RIDGE, FL 00000**

2.1 TITLE ☐ Change ☐ Addition

TITLE **VD**
NAME **RAMSEY, LYLE**
STREET ADDRESS **6849 N OCEAN BLVD**
CITY- ST- ZIP **OCEAN RIDGE, FL 00000**

2.2 NAME **D** ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary & Treasurer

Robert T. Scruton

1/25/95

407-737-6770

0203202 CP