SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **297685** **(0)**

1. Corporation Name
THE OCEAN MAISONETTES, INC.

Principal Place of Business	Mailing Address
6880 NORTH OCEAN BOULEVARD OCEAN RIDGE FL 33435	6880 NORTH OCEAN BOULEVARD OCEAN RIDGE FL 33435

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/08/1965**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-1285917** ☐ 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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☐ Change ☐ Addition
NAME	ARTHUR, HAILAND G	12 NAME	
STREET ADDRESS	6849 N. OCEAN BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	BARRANT, MERRILL V	22 NAME	
STREET ADDRESS	6849 N. OCEAN BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	FARR, MARY LOU	32 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	ALLMON, DONALD	42 NAME	DT
STREET ADDRESS	6849 N OCEAN BLVD	43 STREET ADDRESS	GILBERT HUDSON
CITY-ST-ZIP	OCEAN RIDGE FL	44 CITY-ST-ZIP	6849 N. OCEAN BLVD.
TITLE	ATS	51 TITLE	OCEAN Ridge, FL 33435 ☐ Change ☐ Addition
NAME	SCRUTON, ROBERT T.	52 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	54 CITY-ST-ZIP	
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	Mrs. CRAIG NALEN	62 NAME	
STREET ADDRESS	6849 N. OCEAN BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that no contribution will be made 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 or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT T. SCRUTON, Ass't Sec. & Treas 7/25/95 407-737-6770

0093012 CP