

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 297685 (0)

1. Corporation Name:

THE OCEAN MAISONETTES, INC.



Principal Place of Business

**6880 NORTH OCEAN BOULEVARD
OCEAN RIDGE FL 33435**

Mailing Address

**6880 NORTH OCEAN BOULEVARD
OCEAN RIDGE FL 33435**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
10/08/1965

3a. Date of Last Report
08/01/1995

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

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 **FARR, MARY LOU**

82 Street Address (P.O. Box Number is Not Acceptable)
6849 N. Ocean BLVD

83

84 City

OCEAN RIDGE

FL

85 Zip Code
33435

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Mary Lou Farr

(Print, Registered Agent's name and address, if applicable)

DATE

5/16/96

12. OFFICERS AND DIRECTORS

TITLE	DT	☐ DELETE
NAME	ARTHUR, HAILAND G	
STREET ADDRESS	6849 N. OCEAN BLVD.	
CITY- ST- ZIP	OCEAN RIDGE FL	
TITLE	DP	☒ DELETE
NAME	BARRANT, MERRILL V	
STREET ADDRESS	6849 N. OCEAN BLVD	
CITY- ST- ZIP	OCEAN RIDGE FL	
TITLE	S	☐ DELETE
NAME	FARR, MARY LOU	
STREET ADDRESS	6849 N OCEAN BLVD	
CITY- ST- ZIP	OCEAN RIDGE FL	
TITLE	DT	☐ DELETE
NAME	HUDSON, GILBERT	
STREET ADDRESS	6849 N. OCEAN BLVD.	
CITY- ST- ZIP	OCEAN RIDGE FL	
TITLE	ATS	☒ DELETE
NAME	SCRUTON, ROBERT T.	
STREET ADDRESS	6849 N OCEAN BLVD	
CITY- ST- ZIP	OCEAN RIDGE FL	
TITLE	DV	☒ DELETE
NAME	NALEN, CRAIG M	
STREET ADDRESS	6849 N. OCEAN BLVD.	
CITY- ST- ZIP	OCEAN RIDGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
5. TITLE	DT	☐ Change ☒ Addition
6. NAME	BEAN, BOURNE	
7. STREET ADDRESS	6849 N. Ocean Blvd.	
8. CITY- ST- ZIP	Ocean Ridge, FL 33435	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY- ST- ZIP		
13. TITLE	DP	☒ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY- ST- ZIP		
17. TITLE	DV	☐ Change ☒ Addition
18. NAME	WYDMAN, MARY	
19. STREET ADDRESS	6849 N. Ocean Blvd.	
20. CITY- ST- ZIP	Ocean Ridge, FL 33434	
21. TITLE		☐ Change ☒ Addition
22. NAME	THOMPSON, CHARLES	
23. STREET ADDRESS	6849 N. Ocean Blvd.	
24. CITY- ST- ZIP	Ocean Ridge, FL 33435	

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, or on an attachment with an address.

SIGNATURE:

Mary Lou Farr *Mary Lou Farr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/96 1107-737-6770

DATE Day/Time Phone #

CR2E034 (12/95)