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FILED

Jul 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 339454

(1)

1. Corporation Name

6823 CORPORATION

Principal Place of Business

6823 N OCEAN BLVD  
OCEAN RIDGE FL 33435

Mailing Address

6823 N OCEAN BLVD  
OCEAN RIDGE FL 33435-3330



3. Date Incorporated or Qualified

12/31/1968

3a. Date of Last Report

05/29/1996

4. FEI Number

59-1320328

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARR, MARY LOU  
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 607.1508, 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 Mary Lou Farr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME DT CUTTING, JOHN  
STREET ADDRESS 6849 N OCEAN BLVD  
CITY - ST - ZIP OCEAN RIDGE, FL 00000

2.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

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

3.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME T PERKINS, JOHN  
STREET ADDRESS 6849 N OCEAN BLVD  
CITY - ST - ZIP OCEAN RIDGE FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME DP STEERE, NORMAN  
STREET ADDRESS 6849 N. OCEAN BLVD.  
CITY - ST - ZIP OCEAN RIDGE FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

300002239063  
-07/16/97--01024--003  
\*\*\*385.00

400002239064  
-07/16/97--01024--004  
\*\*\*165.00

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 included 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.

CR2E034 (9/96)