FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
6855 N OCEAN BLVD OCEAN RIDGE FL 33435	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)
2a. Mailing Address (26)
4. FEI Number: **59-1316952** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
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
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	D	1.1 TITLE	V	☐ Change ☒ Addition
NAME	MELBOURNE, NIXON E	1.2 NAME		
STREET ADDRESS	6849 N. OCEAN BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	FARR, MARY LOU	2.2 NAME		
STREET ADDRESS	6849 N. OCEAN BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	P	☐ Change ☒ Addition
NAME	NAYLOR, JOHN M	3.2 NAME		
STREET ADDRESS	6849 N OCEAN BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE		☐ Change ☐ Addition
NAME	WEMYSS, CHARLES	4.2 NAME		
STREET ADDRESS	6849 N OCEAN BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	4.4 CITY-ST-ZIP		
TITLE	AST	5.1 TITLE		☐ Change ☐ Addition
NAME	SCRUTON, ROBERT T	5.2 NAME		
STREET ADDRESS	6849 N OCEAN BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE	D	☐ Change ☐ Addition
NAME	RAMSEY, LYLE	6.2 NAME		
STREET ADDRESS	6849 N OCEAN BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	6.4 CITY-ST-ZIP		

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary & Treasurer
Robert T. Scruton

Date: 1/25/95
Daytime Phone #: 407-737-6770

0203202 CP