

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



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

3. Date Incorporated or Qualified

01/16/1970

3a. Date of Last Report

02/03/1995

4. FEI Number

59-1316952

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

10. Name and Address of New Registered Agent

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

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

FL

85 Zip Code 33435

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 of Registered Agent (Signature required when appointing)

*May 16, 1996*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                       |                                            |
|----------------|-----------------------|--------------------------------------------|
| TITLE          | D                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | MELBOURNE, NIXON E    |                                            |
| STREET ADDRESS | 6849 N. OCEAN BLVD    |                                            |
| CITY-ST-ZIP    | OCEAN RIDGE, FL 00000 |                                            |
| TITLE          | S                     | <input type="checkbox"/> DELETE            |
| NAME           | FARR, MARY LOU        |                                            |
| STREET ADDRESS | 6849 N. OCEAN BLVD.   |                                            |
| CITY-ST-ZIP    | OCEAN RIDGE, FL 00000 |                                            |
| TITLE          | D P                   | <input type="checkbox"/> DELETE            |
| NAME           | NAYLOR, JOHN M        |                                            |
| STREET ADDRESS | 6849 N OCEAN BLVD     |                                            |
| CITY-ST-ZIP    | OCEAN RIDGE, FL 00000 |                                            |
| TITLE          | DT                    | <input type="checkbox"/> DELETE            |
| NAME           | WEMYSS, CHARLES       |                                            |
| STREET ADDRESS | 6849 N OCEAN BLVD     |                                            |
| CITY-ST-ZIP    | OCEAN RIDGE, FL 00000 |                                            |
| TITLE          | AST                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | SCRUTON, ROBERT T     |                                            |
| STREET ADDRESS | 6849 N OCEAN BLVD     |                                            |
| CITY-ST-ZIP    | OCEAN RIDGE, FL 00000 |                                            |
| TITLE          | VD                    | <input type="checkbox"/> DELETE            |
| NAME           | RAMSEY, LYLE          |                                            |
| STREET ADDRESS | 6849 N OCEAN BLVD     |                                            |
| CITY-ST-ZIP    | OCEAN RIDGE, FL 00000 |                                            |

|                   |                       |                                                                              |
|-------------------|-----------------------|------------------------------------------------------------------------------|
| 1. TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME           | BARKER, GEORGE        |                                                                              |
| 13 STREET ADDRESS | 6849 N. Ocean Blvd.   |                                                                              |
| 14 CITY-ST-ZIP    | Ocean Ridge, FL 33435 |                                                                              |
| 2. TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |                       |                                                                              |
| 23 STREET ADDRESS |                       |                                                                              |
| 24 CITY-ST-ZIP    |                       |                                                                              |
| 3. TITLE          | P                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                       |                                                                              |
| 33 STREET ADDRESS |                       |                                                                              |
| 34 CITY-ST-ZIP    |                       |                                                                              |
| 4. TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                       |                                                                              |
| 43 STREET ADDRESS |                       |                                                                              |
| 44 CITY-ST-ZIP    |                       |                                                                              |
| 5. TITLE          | D                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           | SARKISON, MRS. H.P.   |                                                                              |
| 53 STREET ADDRESS | 6849 N. Ocean Blvd.   |                                                                              |
| 54 CITY-ST-ZIP    | Ocean Ridge, FL 33435 |                                                                              |
| 6. TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                       |                                                                              |
| 63 STREET ADDRESS |                       |                                                                              |
| 64 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)(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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mary Lou Farr*

5/16/96

DATE

407-732-6770

TELEPHONE NUMBER

CR2E034 (12/95)