

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

55 MAY 1 PM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 568406 (3)

1. Corporation Name
PLAYGROUND SHELL SERVICE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**12 HOLLYWOOD BLVD. SW
FORT WALTON BEACH FL 32548**

Mailing Address
**12 HOLLYWOOD BLVD. SW
FORT WALTON BEACH FL 32548**

3. Date Incorporated or Qualified **04/12/1978** 3a. Date of Last Report **06/21/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number
59-1827742

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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**VAN DYKE, GEORGE R., JR
12 HOLLYWOOD BLVD SW
195 CORAL DRIVE SW
FT WALTON BEACH FL 32548**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	VAN DYKE, GOERGE R., JR.
STREET ADDRESS	201 ELLIOTT RD.
CITY - ST - ZIP	MARY ESTHER FL
TITLE	SO
NAME	VANDYKE, ANNE J.
STREET ADDRESS	283 BRIARWOOD CIRCLE
CITY - ST - ZIP	FT. WALTON BCH. FL
TITLE	TD
NAME	VANDYKE, BOBBIE J.
STREET ADDRESS	201 ELLIOTT RD.
CITY - ST - ZIP	MARY ESTHER FL
TITLE	VD
NAME	VANDYKE, WILLIAM D.
STREET ADDRESS	283 BRIARWOOD CIRCLE
CITY - ST - ZIP	FT. WALTON BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(4), 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: *Bobbie J Van Dyke*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR
Bobbie J Van Dyke

4-28-95 904-243-5714
Date Telephone