

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 587845

(9)

1. Corporation Name

SURFCOAST REALTY, INC.

Principal Place of Business

P O BOX 308
NEW SMYRNA BEACH FL 32168-7009

Mailing Address

P O BOX 308
NEW SMYRNA BEACH FL 32168-7009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/27/1978

3a. Date of Last Report

02/17/1994

4. FEI Number

59-1852060

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WRIGHT, THOMAS D.
340 NORTH CAUSEWAY
NEW SMYRNA BCH FL 32169

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SUZENAAR, JOHANNES
STREET ADDRESS	4203 S ATLANTIC AVE
CITY - ST - ZIP	NEW SMYRNA BCH FL
TITLE	VD
NAME	SUZENAAR, JOHANNES
STREET ADDRESS	4203 S ATLANTIC AVE
CITY - ST - ZIP	NEW SMYRNA BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	PST	☒ Change ☐ Addition
1.2 NAME	SUZENAAR, JOHANNES	
1.3 STREET ADDRESS	501 TOPSIDE CIRCLE	
1.4 CITY - ST - ZIP	EDGEWATER, FL 32141	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	SUZENAAR, JOHANNES	
2.3 STREET ADDRESS	501 TOPSIDE CIRCLE	
2.4 CITY - ST - ZIP	EDGEWATER, FL 32141	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Suzenaar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95

Date

904-427-5221

Telephone Number