FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 30 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001504377
-06/02/95--01025--014
****155.00 ****155.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # 710629

1. Corporation Name
ORMOND ANCHOR CHASERS, INC.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: MARCH, 1966
3a. Date of Last Report: 1 MAY 1994
4. FEI Number: 59-1053477 (Applied For / Not Applicable)

2. Principal Place of Business
21: 4 KATRINAS DR.
22: ORMOND BEACH, FL
23: 32174 USA
24: Zip / 25: County

2a. Mailing Address
26: 4 KATRINAS DR
27: ORMOND BEACH, FL
28:
29: 32174
30: USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Dan ~~Dan SERBOUSEK~~
NORMAN D. SERBOUSK
1635 MORAVIA, AVE.
HOLLY HILL, FL 32117

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City: FL — 95 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	PRESIDENT / D	11 TITLE	☐ Change ☐ Addition
NAME	DAVID CONLEY	12 NAME	
STREET ADDRESS	325 SANDY CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	SOUTH DAYTONA, FL 32119	14 CITY ST ZIP	
TITLE	VICE-PRESIDENT / D	21 TITLE	☐ Change ☐ Addition
NAME	JAMES TURNER	22 NAME	
STREET ADDRESS	2620 QUEEN PALM	23 STREET ADDRESS	
CITY ST ZIP	EDGEWATER, FL 32141	24 CITY ST ZIP	
TITLE	SECRETARY / D	31 TITLE	☐ Change ☐ Addition
NAME	ERNIE CZUL	32 NAME	
STREET ADDRESS	4 N. VENETIAN WAY	33 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE, FL 32119	34 CITY ST ZIP	
TITLE	TREASURER / D	41 TITLE	☐ Change ☐ Addition
NAME	CLIFFORD NORRIS	42 NAME	
STREET ADDRESS	4 KATRINAS DR.	43 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH, FL 32174	44 CITY ST ZIP	
TITLE	DIRECTOR	51 TITLE	☐ Change ☐ Addition
NAME	JOHN LANE	52 NAME	
STREET ADDRESS	2609 PENINSULA DR	53 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH, FL 32118	54 CITY ST ZIP	
TITLE	DIRECTOR	61 TITLE	☐ Change ☐ Addition
NAME	NORMAN SERBOUSK	62 NAME	
STREET ADDRESS	1635 MORAVIA, AVE	63 STREET ADDRESS	
CITY ST ZIP	HOLLY HILL, FL 32117	64 CITY ST ZIP	

5/30/95 MB

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] CLIFFORD NORRIS 4/25/95 (904) 676-0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #