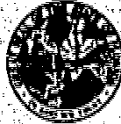


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 739104

(8)

1. Corporation Name

THE DAYTONA BEACH BOAT CLUB, INC.

Principal Place of Business

Mailing Address

150 S.PALMETTO AVE
DAYTONA BEACH FL 32114-4320

44 N ST ANDREWS DR
ORMOND BCH FL 32174
US

2. Principal Place of Business

2a. Mailing Address P.O. Box 1021

21 Suite, Apt. #, etc.

26 DAYTONA BEACH, FL 32115

22 City & State

27 Suite, Apt. #, etc.
P.O. Box 1021

23 City & State

28 DAYTONA BEACH, FL

24 Zip

Country

29 Zip

Country

32115

USA

9. Name and Address of Current Registered Agent

TUMBLESON, J. DOYLE
150 S.PALMETTO AVE
DAYTONA BEACH FL 32118

3. Date Incorporated or Qualified

05/19/1977

3a. Date of Last Report

01/19/1994

4. FBI Number

59-2835499

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	D
NAME	JONES, DONALD
STREET ADDRESS	100 SILVER BEACH AVE., #128
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	SD
NAME	FULLER, CINDY
STREET ADDRESS	39 JUNIPER DRIVE
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	TD
NAME	JONES, ARTHUR
STREET ADDRESS	44 N ST ANDREWS DR
CITY-ST-ZIP	ORMOND BCH FL
TITLE	D
NAME	SASSENBERG, JOHN
STREET ADDRESS	811 RIVER OAK DRIVE W
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	D
NAME	MALLOCH, HUGH
STREET ADDRESS	160 OAKWOOD DR.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	P
NAME	KJNDT, FRAN
STREET ADDRESS	121 JAMESTOWN DR
CITY-ST-ZIP	ORMOND BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	SD
2.3 STREET ADDRESS	EILEEN SELIS
2.4 CITY-ST-ZIP	134 DIANNE DR ORMOND BEACH, FL 32176
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	TD
3.3 STREET ADDRESS	DAVID C. MCKAY
3.4 CITY-ST-ZIP	840 CHICKADEE DR PORT ORANGE, FL 32127
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	D
4.3 STREET ADDRESS	TRUDY WILLIAMSON
4.4 CITY-ST-ZIP	128 CYPRESS ROAD RD. DAYTONA BEACH, FL 32124
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	D
5.3 STREET ADDRESS	BILL CANNONS
5.4 CITY-ST-ZIP	556 N. BRACH ST DAYTONA BEACH, FL 32114
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	P
6.3 STREET ADDRESS	RICHARD CRKHTON
6.4 CITY-ST-ZIP	103 CUNNINGHAM DR NEWSMYRNA BEACH, FL 32168

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)(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 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 AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

DAVID C. MCKAY

7-15-95

Date

904-756-1837

Daytona Phone #