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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:21

DOCUMENT # 750015 (0)

1. Corporation Name

DOWNTOWN BUSINESS & PROFESSIONAL ASSOCIATION OF DAYTONA BEACH, INC.

Principal Place of Business	Mailing Address
140 N BEACH ST POST OFFICE BOX 1107 DAYTONA BEACH FL 32115 US	140 N BEACH ST POST OFFICE BOX 1107 DAYTONA BEACH FL 32115 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1991936 ☐ 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 ☐ $68.75 Supplemental Fee Not Required
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 — 24 Country — 25

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

9. Name and Address of Current Registered Agent

SEITZ, WILLIAM M
140 N BEACH ST
DAYTONA BEACH FL 32114

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PPD	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	RADGETT, GLENN	1.2 NAME	Whisenant, Tom	
STREET ADDRESS	10 AVIATOR WAY	1.3 STREET ADDRESS	~~P.O. Box 2860~~ 180 COUNTRY CLUB DR.	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	~~Daytona~~ Beach, Fl ~~32119~~ 32176	
TITLE	PD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	STEWART, JAMIE	2.2 NAME		
STREET ADDRESS	250 N. BEACH ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL.	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	SCOTT, SAVANNAH	3.2 NAME		
STREET ADDRESS	100 S BEACH ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BC	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DUNN, WES	4.2 NAME		
STREET ADDRESS	168 S. BCH. ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	SEITZ, WILLIAM M	5.2 NAME		
STREET ADDRESS	140 N BEACH ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	TD REMITTED BY MAY 1	☒ Change ☐ Addition
NAME	SPELL, JIM	6.2 NAME		
STREET ADDRESS	100 N. BCH ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL	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)(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: William M. Seitz WILLIAM M. SEITZ 4-27-95 904-258-0501
SIGNATURE AND TYPED OR PRINTED NAME OF CORPORATE OFFICER OR DIRECTOR — Date — Daytime Phone #

0023361