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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:18

DOCUMENT # **F27809** **(5)**

1. Corporation Name

**LAMB'S YACHT CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3376 LAKESHORE BLVD<br>JACKSONVILLE FL 32210<br>US | 3376 LAKESHORE BLVD<br>JACKSONVILLE FL 32210<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/13/1981**
3a. Date of Last Report: **03/31/1994**
4. FEI Number: **59-2073429** ☐ 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 | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

SURFACE, J. FRANK JR.
50 N LAURA ST
SUITE 2800
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: Steve Busey
82 Street Address (P.O. Box Number is Not Acceptable): 225 Water St.
83: Suite 1800
84 City: Jacksonville FL 85 Zip Code: 32202

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 mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 11 TITLE | P | ☒ Change ☐ Addition |
| NAME | SURFACE, J. FRANK III | 12 NAME | Lamb, Bronson E. III | |
| STREET ADDRESS | 3324 LAKESHORE BOULEVARD | 13 STREET ADDRESS | 3812 Richmond Street | |
| CITY-ST-ZIP | JACKSONVILLE FL | 14 CITY-ST-ZIP | Jacksonville, Fl 32205 | |
| TITLE | S | 21 TITLE | VP | ☒ Change ☐ Addition |
| NAME | SIMPSON, BRYAN JR. | 22 NAME | Lamb, Bronson E. Jr. | |
| STREET ADDRESS | 509 PONTE VEDRA BLVD | 23 STREET ADDRESS | 1930 Montgomery Place | |
| CITY ST ZIP | PONTE VEDRA BCH FL | 24 CITY ST ZIP | Jacksonville, Fl 32205 | |
| TITLE | CD | 31 TITLE | ST | ☒ Change ☐ Addition |
| NAME | SURFACE, J FRANK JR. | 32 NAME | Lamb, Christopher P. | |
| STREET ADDRESS | 4961 MORVEW RD | 33 STREET ADDRESS | 4145 Shirley Avenue | |
| CITY ST ZIP | JACKSONVILLE FL | 34 CITY ST ZIP | Jacksonville, Fl 32210 | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/28/95 384-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #