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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 28 AM 7:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G96072** **(5)**

1. Corporation Name
HAVANA DAYDREAMIN', INC.

Principal Place of Business	Mailing Address
~~308 N MAIN STREET~~ RR3 Box 783L Green Oaks Drive HAVANA FL 32333	~~308 N MAIN STREET~~ RR3 Box 783L HAVANA FL 32333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/13/1984**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 Green Oaks Drive	26 RR3 Box 783L
Suite, Apt. #, etc. 22 RR3 Box 783L	Suite, Apt. #, etc. 27
City & State 23 Havana FL	City & State 28 Havana FL
Zip 24 32333	Zip 29 32333
Country 25 Gadsden	Country 30 Gadsden

4. FEI Number: **59-2420137** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COX, JAMES ALAN 820 E. PARK AVENUE SUITE F-100 TALLAHASSEE FL 32301	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 _____ DATE
(Signature, Typed or printed name of registered agent and date if applicable) (Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	11 TITLE	☑ Change ☐ Addition
NAME	SKELTON, DAVID PAUL	12 NAME	
STREET ADDRESS	C/O 308 N MAIN STREET	13 STREET ADDRESS	RR3 Box 783L
CITY ST ZIP	HAVANA FL	14 CITY ST ZIP	Havana FL 32333
TITLE	DST	21 TITLE	☑ Change ☐ Addition
NAME	SKELTON, SANDRA W.	22 NAME	
STREET ADDRESS	C/O 308 N MAIN STREET	23 STREET ADDRESS	RR3 Box 783L
CITY ST ZIP	HAVANA FL	24 CITY ST ZIP	Havana FL 32333
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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: Sandra G. Winchester-Skelton Secy / Treas 7/25/95 904 539-0745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0020341 CP