

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H74472 (2)

1. Corporation Name

LAMB'S YACHT CENTER, INC.



Principal Place of Business

4852 N. OCEAN STREET
MAYPORT FL 32233-2428

Mailing Address

4852 N. OCEAN STREET
MAYPORT FL 32233-2428

3. Date Incorporated or Qualified
09/05/1985

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

21 3376 LAKE SHORE BLVD

2a. Mailing Address

26 3376 LAKE SHORE BLVD

4. FEI Number
59-2579430

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

24 32210

Country

25 Duval

Zip

29 32210

Country

30 Duval

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, HULSEY & BUSEY
225 WATER ST
STE 1800
JACKSONVILLE FL 32202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME LAMB, BRONSON E., JR.
STREET ADDRESS 4852 N OCEAN ST
CITY-ST-ZIP MAYPORT FL ☐ DELETE

TITLE PTD
NAME LAMB, BRONSON E., III
STREET ADDRESS 4852 N OCEAN ST
CITY-ST-ZIP MAYPORT FL ☐ DELETE

TITLE SD
NAME LAMB, PAULA
STREET ADDRESS 4852 N OCEAN ST
CITY-ST-ZIP MAYPORT FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

3376 LAKE SHORE BLVD
JACKSONVILLE, FL 32210 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3376 LAKE SHORE BLVD
JACKSONVILLE, FL 32210 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

3376 LAKE SHORE BLVD
JACKSONVILLE, FL 32210 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bronson E. Lamb, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)