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 # **J47271** **(8)**

1. Corporation Name

OCEANSIDE RE GROUP, INC..

Principal Place of Business	Mailing Address
140 S ATLANTIC AVE P.O. BOX 2574 ORMOND BEACH FL 32176	140 S ATLANTIC AVE P.O. BOX 2574 ORMOND BEACH FL 32176

2. Principal Place of Business	2a. Mailing Address
21 140 S. Atlantic Avenue	26 140 S. Atlantic Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 203	27 Suite 203
City & State	City & State
23 Ormond Beach Fl	28 Ormond Beach Fl
Zip / Country	Zip / Country
24 32176 / 25 Volusia	29 32176 / 30 Volusia

3. Date Incorporated or Qualified: **12/16/1986**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2766681** ☐ 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

9. Name and Address of Current Registered Agent

BURT, WALLACE J JR
140 S ATLANTIC AVE.
P.O. BOX 2574
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name: Burt, Wallace J. Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 140 So. Atlantic Avenue
83 Suite 203
84 City: Ormond Beach FL 85 Zip Code: 32176

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: Wallace J. Burt Jr. 2/23/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE	CPD ☐ DELETE	1 TITLE ☐ Change ☐ Addition
NAME	BURT, WALLACE J.	1 2 NAME
STREET ADDRESS	140 S ATLANTIC AVE.	1 3 STREET ADDRESS
CITY-ST-ZIP	ORMOND BEACH FL	1 4 CITY-ST-ZIP
2 TITLE	VTD ☐ DELETE	2 TITLE ☐ Change ☐ Addition
NAME	BURT, ALICE L.	2 2 NAME
STREET ADDRESS	140 S ATLANTIC AVE.	2 3 STREET ADDRESS
CITY-ST-ZIP	ORMOND BEACH FL	2 4 CITY-ST-ZIP
3 TITLE	VSD ☐ DELETE	3 TITLE ☐ Change ☐ Addition
NAME	WOLFE, VIRGINIA L	3 2 NAME
STREET ADDRESS	140 S ATLANTIC AVE.	3 3 STREET ADDRESS
CITY-ST-ZIP	ORMOND BEACH FL	3 4 CITY-ST-ZIP
4 TITLE	AS ☐ DELETE	4 TITLE ☐ Change ☐ Addition
NAME	SMITH, CAROL H	4 2 NAME
STREET ADDRESS	140 S ATLANTIC AVE.	4 3 STREET ADDRESS
CITY-ST-ZIP	ORMOND BEACH FL	4 4 CITY-ST-ZIP
5 TITLE	☐ DELETE	5 TITLE ☐ Change ☐ Addition
NAME		5 2 NAME
STREET ADDRESS		5 3 STREET ADDRESS
CITY-ST-ZIP		5 4 CITY-ST-ZIP
6 TITLE	☐ DELETE	6 TITLE ☐ Change ☐ Addition
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY-ST-ZIP		6 4 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, 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.

615-9175
677-5217

SIGNATURE: Wallace J. Burt Jr. 2-23-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

WALLACE J. BURT JR. PRESIDENT