

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

APPROVED
AND
FILED

95 APR 29 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K63803

(6)

1. Corporation Name

OCEAN DESIGN, INC.

Principal Place of Business

1689 STATE AVE
HOLLY HILL FL 32117

Mailing Address

1689 STATE AVE
HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1989

3a. Date of Last Report

07/11/1994

4. FEI Number

59-2932709

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 9 Aviator Way

2a. Mailing Address

26 9 Aviator Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ormond Beach, FL

City & State

28 Ormond Beach FL

Zip

24 32174

Country

25 Volusia

Zip

29 32174

Country

30 Volusia

9. Name and Address of Current Registered Agent

CAIRNS, JAMES L.
403 S ATLANTIC AVE
ORMOND BCH FL

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	CAIRNS, JAMES L.
STREET ADDRESS	403 S ATLANTIC AVE
CITY - ST - ZIP	ORMOND BCH FL
TITLE	DV
NAME	FOLVG, JOHN A.
STREET ADDRESS	752 MARINA POINT
CITY - ST - ZIP	DAYTONA BCH FL
TITLE	DV
NAME	VOLLMAR, MICHAEL S.
STREET ADDRESS	1947 SPRUCE CREEK CIRCLE
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 110.07(9)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4-25-95 904-673-3575