SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF PAID ON YET), MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 JUL 14 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L44697** **(5)**

1. Corporation Name
JAX BEACH YACHT BROKERAGE, INC.

Mailing Address
13846 ATLANTIC BLVD
JACKSONVILLE FL 32225
US

Principal Place of Business
13846 ATLANTIC BLVD
JACKSONVILLE FL 32225
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/19/1990**
3a. Date of Last Report: **07/26/1993**

2. Mailing Address (21)
2a. Principal Place of Business (26)
4. FEI Number: **59-3016639** — Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
5. Certificate of Status Desired: **$8.75 Additional Fee Required** ☐
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State (23) — City & State (28)
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
Zip (24) Country (25) — Zip (29) Country (30)
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENE, DAVID F
13846 ATLANTIC BLVD
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when resigning — DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	GREENE, DAVID F	1.2 NAME	
1.3 STREET ADDRESS	26 HOPSON RD	1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	JACKSONVILLE BCH FL	1.4 CITY - ST - ZIP	
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	GREENE, KAREN A	2.2 NAME	
2.3 STREET ADDRESS	26 HOPSON RD	2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	JACKSONVILLE BCH FL	2.4 CITY - ST - ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		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)(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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #