

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 # M68025 (9)

1. Corporation Name

J.H. BENEDICT-VOLUSIA, INC.



Principal Place of Business

Mailing Address

~~444 SEABREEZE BLVD. #700~~
DAYTONA BEACH FL 32118

~~444 SEABREEZE BLVD. #700~~
DAYTONA BEACH FL 32118

2. Principal Place of Business

2a. Mailing Address

21 640 N. PENINSULA DRIVE

26 640 N. PENINSULA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 DAYTONA BEACH, FL

28 DAYTONA BEACH, FL

Zip

Country

Zip

Country

24 32118

25

29 32118

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENEDICT, JAMES H.

~~444 SEABREEZE BLVD. #700~~
DAYTONA BEACH FL 32118

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

640 N. PENINSULA DRIVE

83

84

DAYTONA BEACH

FL

85

32118

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 making change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
BENEDICT, JAMES H.
STREET ADDRESS
200 PELICAN AVENUE
CITY-STATE-ZIP
DAYTONA BCH. FL

TITLE ☐ DELETE

NAME
BENEDICT, MARGUERITE E.
STREET ADDRESS
200 PELICAN AVE.
CITY-STATE-ZIP
DAYTONA BCH. FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☒ Change ☐ Addition

28 BAY POINT DRIVE
ORMOND BEACH, FL 32174

☒ Change ☐ Addition

28 BAY POINT DRIVE
ORMOND BEACH, FL 32174

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

J.H. Benedict
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

904-255-1222

CR2E034 (12/95)