

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06384** (4)

1. Corporation Name

VOLUSIA COUNTY BUSINESS DEVELOPMENT CORPORATION



Principal Place of Business	Mailing Address
1801 MASON AVENUE SUITE 107 DAYTONA BEACH FL 32117 US	1801 MASON AVENUE SUITE 107 DAYTONA BEACH FL 32117-5105 US

3. Date Incorporated or Qualified 11/29/1984	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

4. FEI Number 59-2479590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
KANEY, JONATHAN JR. COBB & COLE, PA 150 N.MAGNOLIA AVE. DAYTONA BCH. FL 32014	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of 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 617.0503, 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	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BAUMGARTNER, ROGER
STREET ADDRESS	101 N WOODLAND BLVD
CITY-ST-ZIP	DELAND FL
TITLE	C <input type="checkbox"/> DELETE
NAME	GRAHAM, JOHN
STREET ADDRESS	1801 W INT'L SPEEDWAY
CITY-ST-ZIP	DAYTONA BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCDERMOTT, LARRY
STREET ADDRESS	120 S RIDGEWOOD
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WHOTE, BEEBE
STREET ADDRESS	1474 W GRANADA BLVD, STE 495
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	SMITH, GEORGE
STREET ADDRESS	133 E. INDIANA AVENUE
CITY-ST-ZIP	DELAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CORNETT, TAVER B
STREET ADDRESS	500 E NEW YORK AVE
CITY-ST-ZIP	DELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DT GINA REID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1940 State Road 44
1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WHITE
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)