FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18625 (6)

1. Corporation Name
REBOS CLUB OF NEW SMYRNA BEACH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2120 S. RIDGEWOOD AVE. #8 EDGEWATER FL 32132-1936 US	PO BOX 1608 NEW SMYRNA BEACH FL 32170 US

3. Date Incorporated or Qualified: 01/06/1987
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2914039 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FROST, LEN 1202 HEMLOCK ST NEW SMYRNA BEACH FL 32169	81 Name: DAVE ARMSTRONG 82 Street Address (P.O. Box Number is Not Acceptable): 298 H. H. BURCH ROAD 83 84 City: Oak Hill, FL 85 Zip Code: 32759

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: DAVE ARMSTRONG CHAIRMAN — APRIL 20, 1995
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	VALLOR, THOMAS	1.2 NAME	DAVE ARMSTRONG	
STREET ADDRESS	316 S. RIDGEWOOD #5	1.3 STREET ADDRESS	298 H. H. BURCH ROAD	
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	OAK HILL, FL 32759	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	VALLOR, MICHELLE	2.2 NAME		
STREET ADDRESS	316 S. RIDGEWOOD #5	2.3 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	HENDRY, WILLIAM	3.2 NAME	COONTS, MARY K.	
STREET ADDRESS	84 CUNNINGHAM DR	3.3 STREET ADDRESS	235 MEADOW LAKE DRIVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	3.4 CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MASSIE, JOSEPH	4.2 NAME	VALLOR, THOMAS	
STREET ADDRESS	1848 SABLE PALM DR.	4.3 STREET ADDRESS	316 S. RIDGEWOOD #5	
CITY-ST-ZIP	EDGEWATER FL	4.4 CITY-ST-ZIP	EDGEWATER, FL	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	FROST, LEN	5.2 NAME	WILLIAM THORNTON	
STREET ADDRESS	1202 HEMLOCK ST	5.3 STREET ADDRESS	307 SEA HAWK COURT	
CITY-ST-ZIP	NEW SMYRNA BCH FL	5.4 CITY-ST-ZIP	EDGEWATER, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARY K. COONTS TD — 04/20/95 — 407-861-7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

024A00