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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33130

(8)

1. Corporation Name

JIM BOOE #86 D A V A, INC.

Principal Place of Business

Mailing Address

208 6TH STREET SOUTH
P. O. BOX 360
FLOGLER BEACH FL 32136208 6TH STREET SOUTH
P. O. BOX 360
FLOGLER BEACH FL 32136-03603. Date Incorporated or Qualified
07/06/19893a. Date of Last Report
05/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2865807

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIACCONE, MARILYN
208 S 6TH ST
FLOGLER BEACH FL 32136

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GIACCONE, MARILYN
STREET ADDRESS 105 COCHISE CT
CITY-ST-ZIP PALM COAST FL☐ DELETE11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP☐ Change☐ AdditionTITLE D
NAME PIERCE, ANNA
STREET ADDRESS 13 WHITTIER DR
CITY-ST-ZIP PALM COAST FL☐ DELETE21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP☐ Change☐ AdditionTITLE D
NAME POVLOVITIS, JOSEPHINE
STREET ADDRESS 146 COOKOUT DR
CITY-ST-ZIP FLOGLER BEACH FL☐ DELETE31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP☐ Change☐ AdditionTITLE T
NAME SEARS, ALICE
STREET ADDRESS 14 FERDINAND LANE
CITY-ST-ZIP PALM COAST FL☐ DELETE41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP☐ Change☐ AdditionTITLE T
NAME BRANDON, PENNY
STREET ADDRESS 193 MONITRO DR
CITY-ST-ZIP FLOGLER BEACH FL☐ DELETE51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP☐ Change☐ AdditionTITLE T
NAME JONES, RITA
STREET ADDRESS 148 ULYSSES TR
CITY-ST-ZIP PALM COAST FL☐ DELETE61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP☐ Change☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 8002868

CR2E037 (9/96)