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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33130** (8)

1. Corporation Name

JIM BOOE #86 D A V A, INC.



Principal Place of Business 208 6TH STREET SOUTH P. O. BOX 360 FLAGLER BEACH FL 32136	Mailing Address 208 6TH STREET SOUTH P. O. BOX 360 FLAGLER BEACH FL 32136
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 07/06/1989	
4. FEI Number 59-2865807	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GIACCONE, MARILYN 208 S 6TH ST FLAGLER BEACH FL 32136

10. Name and Address of New Registered Agent 81 Name PIERCE, ANNA 82 Street Address (P.O. Box Number is Not Acceptable) 13 WHITTER LN 83 84 City PALM COAST 85 Zip Code FL 32164

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 Anna Pierce (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	GIACCONE, MARILYN
STREET ADDRESS	105 COCHISE CT
CITY-ST-ZIP	PALM COAST FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PIERCE, ANNA
STREET ADDRESS	13 WHITTER DR
CITY-ST-ZIP	PALM COAST FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	POVLOVITIS, JOSEPHINE
STREET ADDRESS	146 COOKOUT DR
CITY-ST-ZIP	FLAGLER BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SEARS, ALICE
STREET ADDRESS	14 FERDINAND LANE
CITY-ST-ZIP	PALM COAST FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BRANDON, PENNY
STREET ADDRESS	193 MONITRO DR
CITY-ST-ZIP	FLAGLER BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	JONES, RITA
STREET ADDRESS	148 ULYSSES TR
CITY-ST-ZIP	PALM COAST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PIERCE, ANNA
1.3 STREET ADDRESS	13 WHITTER LN
1.4 CITY-ST-ZIP	PALM COAST, FL. 32164
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MAJOR, BEVERLY
2.3 STREET ADDRESS	37 FAIRCASTLE LN
2.4 CITY-ST-ZIP	PALM COAST, FL. 32137
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	POVILAITIS, JOSEPHINE
3.3 STREET ADDRESS	146 LOOKOUT DR.
3.4 CITY-ST-ZIP	FLAGLER BEACH, FL. 32136
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SARFDE, AUDREY
4.3 STREET ADDRESS	188 MONITOR DR
4.4 CITY-ST-ZIP	FLAGLER BEACH, FL. 32136
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SEARS, ALICE F.
5.3 STREET ADDRESS	14 FERDINAND LN.
5.4 CITY-ST-ZIP	PALM COAST, FL. 32137
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Anna Pierce SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 05 98

Date

Daytime Phone # 904-445-3011

CR2E037 (10/97)