

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N48013 (9)

1. Corporation Name

DAYTONA BILLFISH CONSERVANCY, INC.



Principal Place of Business

Mailing Address

4877 FRONT ST.  
PONCE INLET FL 32127  
US

4877 FRONT ST.  
PONCE INLET FL 32127  
US

3. Date Incorporated or Qualified  
03/23/1992

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-3123357

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22  
City & State

27  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23  
Zip Country

28  
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24  
25

29  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINTON, JOHN JR  
4544 SOUTH PENINSULA DRIVE  
PONCE INLET FL 32127

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 PT ☐ DELETE  
NAME HINTON, JOHN JR  
STREET ADDRESS 4544 S. PENINSULA DRIVE  
CITY - ST - ZIP PONCE INLET FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE VPS ☐ DELETE  
NAME TIMMONS, FRANK  
STREET ADDRESS 4894 SAILFISH DRIVE  
CITY - ST - ZIP PONCE INLET FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE DVP ☒ DELETE  
NAME ROBERSON, ROBERT C.  
STREET ADDRESS 318 NAUTILUS AVENUE  
CITY - ST - ZIP DAYTONA BEACH FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE DVP ☐ DELETE  
NAME STOKES, DAVID L.  
STREET ADDRESS 4829 S. PENINSULA DRIVE  
CITY - ST - ZIP PONCE INLET FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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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 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 #

3/1/96 (904)761-5434

CR2E037 (12/95)