

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N94000005268 (7)

1. Corporation Name

CITY OF SOUTH DAYTONA EMPLOYMENT CORPORATION

Principal Place of Business

**1672 SOUTH RIDGEWOOD
SOUTH DAYTONA FL 32121**

Mailing Address

**P.O. BOX 4980
SOUTH DAYTONA FL 32121**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1994

3a. Date of Last Report

4. FEI Number

53-6000430

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SIMPSON, SCOTT E
595 W GRANADA BLVD. SUITE A
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

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 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

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	NAME	STREET ADDRESS	CITY-ST-ZIP
	Joe M. Piggotte - Mayor	812 Patterson	South Daytona, Fl 32119
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	George F. Locke, III - Councilman	1883 Magnolia	South Daytona, Fl 32119
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Daryl Weisenborn - Councilman	2021 Oriole Lane	South Daytona, Fl 32119
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Kenneth D. McMillen - Councilman	718 Largo Way	South Daytona, FL 32119
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Ronald Clifton Jr. - Councilman	132 Reef Rd.	South Daytona, Fl 32119
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐ Change ☒ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐ Change ☒ Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐ Change ☒ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐ Change ☐ Addition

REMITTED BY MAY 1

6/26/95

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph W. Gumbrecht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-95

Date

322-3012

Daytime Phone #