

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 # N94000005268 (7)

1. Corporation Name

CITY OF SOUTH DAYTONA EMPLOYMENT CORPORATION



Principal Place of Business

Mailing Address

**1672 SOUTH RIDGEWOOD
SOUTH DAYTONA FL 32121**

**P.O. BOX 4960
SOUTH DAYTONA FL 32121**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

10/25/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-6000430

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**

8. 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

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **M**
STREET ADDRESS **PIGGOTE, JOE M**
CITY - ST - ZIP **812 PATTERSON
SOUTH DAYTONA FL 32119**

TITLE ☐ DELETE

NAME **CD**
STREET ADDRESS **LOCKE, GEORGE F**
CITY - ST - ZIP **1883 MAGNOLIA
SOUTH DAYTONA FL 32119**

TITLE ☐ DELETE

NAME **CD**
STREET ADDRESS **WEISENBORN, DARYL**
CITY - ST - ZIP **2021 ORIOLE LANE
SOUTH DAYTONA FL 32119**

TITLE ☐ DELETE

NAME **CD**
STREET ADDRESS **MCMILLEN, KENNETH D**
CITY - ST - ZIP **718 LARGO WAY
SOUTH DAYTONA FL 32119**

TITLE ☐ DELETE

NAME **C**
STREET ADDRESS **CLIFTON, RONALD JR**
CITY - ST - ZIP **132 REEF RD
SOUTH DAYTONA FL 32119**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

Date

Daytime Phone #

CR2E037 (12/95)