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Feb 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000001399 (3)

1. Corporation Name

B/NH CANAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

618 BEACHCOMBER DRIVE
LYNN HAVEN FL 32444

618 BEACHCOMBER DRIVE
LYNN HAVEN FL 32444-3412

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

3. Date Incorporated or Qualified

03/22/1995

3a. Date of Last Report

01/24/1996

4. FEI Number

NOT APPLICABLE

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

HAHN, EDWARD J JR.
618 BEACHCOMBER DRIVE
LYNN HAVEN FL 32444

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

Edward J. Hahn
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

Jan 28, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D HAHN, EDWARD J JR.
STREET ADDRESS
618 BEACHCOMBER DRIVE
CITY-ST-ZIP
LYNN HAVEN FL 32444

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D FYFE, JIM
STREET ADDRESS
632 BEACHCOMBER DRIVE
CITY-ST-ZIP
LYNN HAVEN FL 32444

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D STRICKLAND, CHARLOTTE
STREET ADDRESS
2107 NO. HARBOUR DRIVE
CITY-ST-ZIP
LYNN HAVEN FL 32444

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 90410121

CR2E037 (9/96)