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Feb 19, 1999 8:00am  
Secretary of State

02-19-1999 90024 045 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002232

1. Corporation Name

VOITURE 1233-40/8 INC.

Principal Place of Business

AMERICAN LEGION POST 235  
105 HOLLYWOOD BLVD NW  
FT WALTON BEACH FL 32548

Mailing Address

AMERICAN LEGION POST 235  
105 HOLLYWOOD BLVD NW  
FT WALTON BEACH FL 32548



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/05/1995

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

9. Name and Address of Current Registered Agent

MCDANIELS, CHARLES  
AMERICAN LEGION POST 235  
105 HOLLYWOOD BLVD NW  
FT WALTON BEACH FL 32548

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 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

02-01-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BARRINGER, HARRY  
STREET ADDRESS 33A CAPE DR APT 2  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE ☐ DELETE

NAME GONTAREK, JOHN J  
STREET ADDRESS 201 W LORRAINE DR  
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE ☐ DELETE

NAME MCDANIELS, CHARLES E  
STREET ADDRESS 216 WATSON DRIVE  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE ☐ DELETE

NAME HIERS, TRAVIS  
STREET ADDRESS P.O. BOX 4247 N/A  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE ☐ DELETE

NAME GINN, HARBERT D.  
STREET ADDRESS 114 WILLARD ROAD NW  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE ☐ DELETE

NAME THAYER, RICHARD E.  
STREET ADDRESS 2621 WILDE LANE BLVD  
CITY-ST-ZIP PENSACOLA FL 32526

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)