FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500004193 (7)

S.T.V. MAIGLOCKCHEN OF DAYTONA BEACH, INC.

2573 TREE HAVEN DRIVE DELTONA FL 32738		2573 TREE HAVEN DRIVE DELTONA FL 32738-5163							
						3. Date Incorporated or Qualified 08/30/1995		te of Last 04/24/1	
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3334095	_1		Applied For lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	s Desired S8.75 Additional Fee Required			
City & State		City & State		Election Campaign Financing Trust Fund Contribution			May Be I to Fees		
Zıp 24	25 29 30			Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes M No			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered	Agent	
			,	81	Name				
	iann, thomas f Ree haven drive				ddress (P.O. Box Number is Not Accepted	ole)			
DELTO	NA FL 32738		[{	83					
			1	84	City	(* 1844),	FL	85 Zip	Code
11. Pursuant office or agent 1 a	to the provisions of Sections 617.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	02 and 617.1508, Florida Statu e of Florida. Such change was gations of, Section 617.0503, Fl	tes, the ab authorized lorida Statu	ove by	the corpo	orporation submits this statement for the paration's board of directors. I hereby acce	ourpose of ot the app	changing ointment a	its registered s registered
SIGNATURE									
12.	Signature, typed or printed name of registered ac	gent and title if applicable. (NOT ND DIRECTORS	TE Registered	Age	nt signature re-	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTO	DC 141 40
TITLE	PD OFFICERS AF	DELETE	1,1 TITL	F		ADDITIONS/CHANGES TO OFFIC	JERS AND	Change	
NAME	THOMAS F. SCHUMANN	bearte	1.2 NAA					LI Guarde	L Addition
STREET ADDRESS	2573 TREEHAVEN DR.				ADDRESS				
CITY-ST-ZIP	DELTONA FL								
TITLE	VTFS			1.4 CiTY - ST - ZiP 2.1 TiTLE				Change	Addition
NAME	CAROL J. SCHUMANN		2.2 NAM		i				
STREET ADDRESS	2573 TREEHAVEN DR.				ADDRESS				
CITY-ST-ZIP	DELTONA FL		2. 4 CIT				V*		
TITLE	SD	☐ DELETE	3.1 TITL			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	JENNIE SCHAGER		3.2 NAM	ME	1				
STREET ADDRESS	29 CUNNINGHAM DR.		3.3 STR	REET	ADDRESS	·			
CITY-ST-ZIP	NEW SMYRHA BCH FL		3.4. CIT	ry-s	ST-ZIP				
TITLE		DELETE	4.1 TITL	LE				☐ Change	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REET.	ADDRESS				
CITY-ST-ZIP]		4.4 CM	Y-\$	T-21P				
TITLE		☐ DELETE	5.1 TITE	LE				Change	Addition
NAME			5.2 NAM	ME					
STREET ADDRESS			5.3 STR	REET	ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-\$1	T-ZIP				
TITLE		DELETE	6.1 TITL	E				☐ Change	Addition
NAME			6.2 NAM	ME					
CIDEET ADODESC	l .		6 2 5 7 0	SEFT	1000000				

SIGNATURE: Thomas P. Shumann Pres Chomas + Schumann 2-7-97 904-789-3968

6.4 CITY-ST-ZIP

14. I do 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 eath; 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.