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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004236 (4)

1. Corporation Name

COLIN'S PARK, INC.

Principal Place of Business

Mailing Address

945 NO. HALIFAX AVENUE  
DAYTONA BEACH FL 32118945 NO. HALIFAX AVENUE  
DAYTONA BEACH FL 32118-37323. Date Incorporated or Qualified  
09/01/19953a. Date of Last Report  
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 115 CHESHIRE RD

22 City &amp; State

27 DAYTONA BCH, FL

23 Zip Country

28 32118 29 U.S.A.

4. FEI Number  
59-3344019Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

EVERY, LANGFORD  
2310 SO. PENINSULA AVENUE  
DAYTONA BEACH FL 32118733 KNOXVIEW  
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CANN, CAROL  
STREET ADDRESS 315 JESSAMINE BLVD.  
CITY-ST-ZIP DAYTONA BEACH FL 321181.1 TITLE CHAIRMAN/DIRECTOR  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D  
NAME EVERY, LANGFORD V  
STREET ADDRESS 2310 SO. PENINSULA DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL 321182.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 733 KNOXVIEW  
2.4 CITY-ST-ZIP ORMOND BEACH, FL 32174TITLE TD  
NAME GRAHAM, KELLI J  
STREET ADDRESS 115 CHESHIRE ROAD  
CITY-ST-ZIP DAYTONA BEACH FL 321183.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 733 KNOXVIEW  
3.4 CITY-ST-ZIP DAYTONA BEACH, FL 32174TITLE D  
NAME TRAVIS, CHRISTINA  
STREET ADDRESS 1320 PEACHTREE ROAD  
CITY-ST-ZIP DAYTONA BEACH FL 321144.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE SD  
NAME RAND, HEIDI  
STREET ADDRESS 1309 WANDERING OAKS DRIVE  
CITY-ST-ZIP ORMOND BEACH FL 321745.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D  
NAME GURNEY, IAN  
STREET ADDRESS POST OFFICE BOX 906 N/A  
CITY-ST-ZIP DAYTONA BEACH FL 32115-09066.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/96)