

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P11119** (5)

1. Corporation Name

ACADIA MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

~~RT. 4 BOX 1036~~ **28500 Overseas Hwy**
LITTLE TORCH KEY FL 33042-9607

~~RT. 4 BOX 1036~~ **28500 Overseas Hwy**
LITTLE TORCH KEY FL 33042-9607

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/12/1986

3a. Date of Last Report

03/17/1995

4. FEI Number

62-1228187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

WOODSON, BEN H.

~~RT. 4 BOX 1036~~ **28500 Overseas Hwy.**
LITTLE TORCH KEY FL 33042

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

CD

ROTH, JOSEPH, JR.

84001 OVERSEAS HIGHWAY

ISLAMORADA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

BROWN, WORTHINGTON

999 BLACKBEARD

LITTLE TORCH KEY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

RICE, JACK V.

4074 BARRONE WAY

MEMPHIS TN

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

RAINES, RICHARD

1325 EAST MORELAND AVE.

MEMPHIS TN

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

P

WOODSON, BEN H.

RT. 4 BOX 1036

LITTLE TORCH KEY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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 607, 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

3-11-96

305 872-2524

CR2E034 (12/95)