

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P34833**

(4)

1. Corporation Name

CRUISER OF DELAWARE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4:55

Principal Place of Business
**505 NORTH ORLANDO AVENUE, 4TH FLOOR
COCOA BEACH FL 32931**

Mailing Address
**505 NORTH ORLANDO AVENUE, 4TH FLOOR
COCOA BEACH FL 32931**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/28/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 52-1672419	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**PEEPLS, JAMES W., III
505 NORTH ORLANDO AVENUE, 4TH FLOOR
COCOA BEACH FL 32932-0757**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	Vice President
NAME	PRYOR, LAURA	1.2 NAME	PRYOR, LAURA
STREET ADDRESS	505 N. ORLANDO AVE.	1.3 STREET ADDRESS	505 N. ORLANDO AVE.
CITY - ST - ZIP	COCOA BEACH FL	1.4 CITY - ST - ZIP	COCOA BEACH, FL 32931
TITLE	D	2.1 TITLE	Secretary / Treasurer
NAME	PEEPLS, JAMES W., III	2.2 NAME	James W. Peepls, III
STREET ADDRESS	505 N. ORLANDO AVE.	2.3 STREET ADDRESS	505 N. ORLANDO AVE.
CITY - ST - ZIP	COCOA BEACH FL	2.4 CITY - ST - ZIP	COCOA BEACH, FL 32931
TITLE	D	3.1 TITLE	President
NAME	BAUGHER, ROBERT A.	3.2 NAME	Baugher, Robert A.
STREET ADDRESS	3850 S. BANANA RIVER BL	3.3 STREET ADDRESS	3850 S. BANANA RIVER BLVD
CITY - ST - ZIP	COCOA BEACH FL	3.4 CITY - ST - ZIP	COCOA BEACH, FL 32931
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Robert A. Baugher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/95

407-868-0070