

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PH 3:29

DOCUMENT # P93000025461 (3)

1. Corporation Name

BETTER DAYS, INC.

Principal Place of Business

**46 AVENIDA MENENDEZ AVENUE
ST. AUGUSTINE FL 32084**

Mailing Address

**46 AVENIDA MENENDEZ AVENUE
ST. AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/02/1993

3a. Date of Last Report

03/17/1994

4. FEI Number

59-3175629

Applied For

☐ Not Applicable

2. Principal Place of Business

21

2b. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTINI, JAMES P
46 AVENIDA MENENDEZ AVENUE
ST. AUGUSTINE FL 32084**

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 (if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PO
MARTINI, JAMES P
227 WISTERIA RD.
ST. AUGUSTINE FL**

1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
MARTINI, JAMES P.
227 WISTERIA RD
ST. AUGUSTINE, FLA 32086** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
MARTINI, LYNN B
227 WISTERIA RD.
ST. AUGUSTINE FL**

2 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SECRETARY - TREASURER
MARTINI - LYNN B
227 WISTERIA
ST. AUGUSTINE, FLA 32086** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE - PRESIDENT
RICHARD WORLEY
109 CYPRESS
ST. AUGUSTINE, FLA 32086** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 TITLE
NAME
STREET ADDRESS
CITY - ST - 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 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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- JAMES P. MARTINI

4/3/95

**(904)
824-7765**