

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:42

DOCUMENT # P93000034165 (9)

1. Corporation Name

PALM PLACE INVESTMENTS, INC.

Principal Place of Business

PO BOX 021
NEW SMYRNA BEACH FL 32170

Mailing Address

PO BOX 021
NEW SMYRNA BEACH FL 32170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

NOT APPLICABLE

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. 194.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STORCH, GLENN D ESQUIRE
STORCH, HANSEN & MORRIS, P.A.
1620 S. CLYDE MORRIS BLVD., SUITE 300
DAYTONA BEACH FL 32119

10. Name and Address of New Registered Agent

81 Name

BARBARA J. COOMBER

82 Street Address (P.O. Box Number is Not Acceptable)

2200 N. PENINSULA

83

NEW SMYRNA BEACH,

84 City

FL

85 Zip Code

32169

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, as 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

Barbara J. Coomber
Signature, typed or printed name of registered agent and fee if applicable

PRESIDENT
NOTE: Registered Agent signature required when reappointing

5/16/95
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
COOMBER, BARBARA J
STREET ADDRESS
2124 VILLA WAY
CITY ST ZIP
NEW SMYRNA BEACH FL 32170

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
D
COOMBER, BARBARA J
1.3 STREET ADDRESS
2200 N. PENINSULA
1.4 CITY ST ZIP
NEW SMYRNA BEACH, FL 32169
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 on an attachment with an address.

SIGNATURE:

Barbara J. Coomber
Signature and typed or printed name of signing officer or director

4/24/95
Date

904-428-3422
Telephone Number