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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000045972 (5)

1. Corporation Name
VANGUARD COMMERCIAL REALTY, INC.

Principal Place of Business

Mailing Address

105 SEABREEZE BLVD.
2ND FLOOR
DAYTONA BEACH FL 32118
US

P.O. BOX 4235
2ND FLOOR
ORMOND BEACH FL 32175-4235
US

3. Date Incorporated or Qualified 06/29/1993
3a. Date of Last Report 07/23/1996

4. FEI Number 59-3194510
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

21 101 SEABREEZE #105
Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 DAYTONA BEACH, FL
City & State

27 City & State

23 Zip 32118 Country

28 Zip Country

24 32118 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOD, CHARLES D JR
MONACO, SMITH, HOOD, PERKINS ET AL
444 SEABREEZE BLVD, SUITE 900
DAYTONA BEACH FL 32118

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME VANDAGRIFF, SARAH
STREET ADDRESS POST OFFICE BOX 4235 N/A
CITY- ST- ZIP ORMOND BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VP
NAME DAVIS SR., BENJAMIN R.
STREET ADDRESS 4 WATERFRONT COURT
CITY- ST- ZIP ORMOND BEACH FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE S
NAME GOODEARLY, MARY ANN
STREET ADDRESS 1816 TRAVELERS PALM DRIVE
CITY- ST- ZIP EDGEWATER FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE T
NAME JONES, ELSE
STREET ADDRESS 101 SEABREEZE BLVD., #517N
CITY- ST- ZIP DAYTONA BEACH FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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

SARAH D. VANDAGRIFF 4/29/97 (904) 672-9080

Date Daytime Phone #

CR2E034 (9/96)