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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 9:57

DOCUMENT # P94000021314 (7)

1. Corporation Name

FLORIDA BEACH HICKORY CORP.

Principal Place of Business

25151 PENNYROYAL DR.
BONITA SPRINGS FL 33923

Mailing Address

25151 PENNYROYAL DR.
BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/09/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0474870

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

9. Name and Address of Current Registered Agent

ROSINUS, FRANZ J
25151 PENNYROYAL DR.
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

ROSINUS, FRANZ J

25151 PENNYROYAL DR.

BONITA SPRINGS FL 33923

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

POWELL, CHRISTIAN F

27090 FLOSSMOOR DR.

BONITA SPRINGS FL 33923

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

POWELL, DONALD H

25901 HICKORY BLVD.

BONITA SPRINGS FL 33923

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

SCHMITZERLE, BETTY M

12732 GLEN HOLLOW

BONITA SPRINGS FL 33923

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

CIRELLI, CHARLES J

24681 PENNYROYAL DR.

BONITA SPRINGS FL 33923

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 assignee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with my address.

SIGNATURE:

CHRISTIAN F. POWELL

3-13-95 813-992-0744

Unit

Signature/Printed Name