FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

9. Name and Address of Current Registered Agent

-8555-80UTH ATLANTIC AVENUE 800 Main 57

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000069712 (5)

THE REACH RUNNIV CLUB INC

HONEYCUTT, DENNIS L

DAYTONA BEACH SHORES FL-02127

THE BEACH BONNY CLUB,	INO.		
Principal Place of Business	Mailing Address	T REPLYANT AND INVALENT MANY DAVIN ONLY	1 98 41 8 84148 48414 3 88 8 41 818 4184 4 88 4
1001 MAIN STREET DAYTONA BEACH FL 32118	800 MAIN STREET Daytona beach FL 32118-4224		
		3. Date Incorporated or Qualified 09/20/1994	3a. Date of Last Report 08/08/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3273420	Not Applicabl
Sulte, Apt. #, etc.	1. #, etc. Suite, Apt. #, etc.		\$8.75 Additional Fee Required
City & State	City & State	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	7 iti Country 29 30	8. This corporation has liability for i	ntarigible tax under s. 199,032, y Yes \(\sum \text{No} \)

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 registored

81 Name

82

83 84 City

Street Addr

office or registered a plan, or both, in the State of Florida Such change was authorized by the corporation's board of directors, I nereby accept the appointment as registered agent. Lam familing and accept the obligations of Sociolo 607,0505, Florida Statutes.					
SIGNATURE	I Dennis L. Homenco	7	4/15/9)		
12,	Signature seas an agree of the season of the	tegistered Agent signalure	c required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT DELFTE	1.1 TITLE	Change Addition		
NAME	HONEYCUTT, DENNIS L	1.2 NAME			
STREET ADDRESS	3555 S. ATLANTIC AVE. 800 Main ST	13 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, SHORBS-FL-92127.	1.4 C/TY - ST - 7/P			
TITLE	74.32118 DELETE	2.1 Till E	Change Addition		
NAME	12.30118	2 2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2 4 CHY-SI-ZIP			
TITLE	☐ DELETE	3 1 THTLE	☐ Change ☐ Addition		
NAME		3 2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY ST-7IP			
TITLE	DELETE	4.1 TITLE	Change Addition		
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP			
TITLE	DELETE	5.1 TITLE	Change Addition		
NAME		5.2 NAME			
STREET ADDRESS		5,3 STREET ADDRESS	1		
CITY-ST-ZIP	Decay	5.4 CITY - ST - ZIP			
TITLE	☐ DELEYE	61 TITLE	Change Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			

14. I do hereby certify that the information supplied with this filling 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.

プピリ ダマカウ

FILED

Apr 21 1997 8:00am

Secretary of State

10. Name and Address of New Registered Agent

P.O. Box Number is Not Acceptable)

Zip Code