

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000071841 (8)

1. Corporation Name

BEACH BANNERS OF JACKSONVILLE, INC.

Principal Place of Business

855-12 ST. JOHNS BLUFF RD.
JACKSONVILLE FL 32225
US

Mailing Address

855-12 ST. JOHNS BLUFF RD.
JACKSONVILLE FL 32225
US



2. Principal Place of Business

21 Craig Airport
Suite, Apt. #, etc.

2a. Mailing Address

26 855-12 ST Johns Bluff Rd
Suite, Apt. #, etc.

22 City & State

23 Jacksonville FL

24 32225

Country

25 Duval

27 City & State

28 Jacksonville FL

Zip

29 DUVAL

Country

30 32225

9. Name and Address of Current Registered Agent

STANFORD, JAY J
1615 FOREST AVENUE
NEPTUNE BEACH FL 32266

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

06/15/1995

4. FEI Number

59-3268225

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. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

VINCENT STIGLIANO

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

16000 RED BASS DR

83

84 City

JACKSONVILLE

FL

85 Zip Code

32226

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]

(NOTE: Registered Agent Signature required when changing)

03/04/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME STANFORD, JAY J
STREET ADDRESS 1615 FOREST AVENUE
CITY-ST-ZIP NEPTUNE BEACH FL 32266
☒ DELETE

TITLE D
NAME BOTTENSEK, JOHN W
STREET ADDRESS 6074 TERY PARKER DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32225
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE P
NAME VINCENT STIGLIANO
STREET ADDRESS 16000 RED BASS DR.
CITY-ST-ZIP JACKSONVILLE FL 32226
☐ Change ☒ Add on

2. TITLE S,T
NAME JOEL WEANER
STREET ADDRESS P.O. BOX 11757
CITY-ST-ZIP JACKSONVILLE FL 32239
☐ Change ☒ Add on

3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add on

4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add on

5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add on

6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add on

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date:

1-9-96

Daytime Phone #

904.642.0721

CR2E034 (12/95)