DOCUMENT # P99000093794 ✓

1. Entity Name

Ocean Quest Inn Inc

Principal Place of Business: 1431 S ATLANTIC AVE, DAYTONA BEACH FL 32120

Mailing Address: 1425 S. Atlantic Av. Daytona Beach FL 32118

FILED

00 MAR 30 AM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

03.30.00 90061 004 158.75

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3520761 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAME DAYTONA BEACH FL 321[illegible]	Name: Van Nevius Street Address (P.O. Box Number is Not Acceptable): 1425 S. Atlantic Av. Daytona Beach City ___ FL Zip Code 32118

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Van Nevius 2-29-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROASMAN, ROBERT M 909 BEVILLE ROAD DAYTONA BEACH FL 32120	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Sec. Dir. Carolyn L. Wenzel 1425 S. Atlantic Av. Daytona Beach FL 32118	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEVIUS, VAN 1431 S ATLANTIC DAYTONA BEACH FL 32118	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Dir., Treasurer	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Van Nevius 2-29-00 904 238-4050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #