

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S14451**

(6)

97 MAR 28 AM 11:04

FILED

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1. Corporation Name
THE PENINSULA ASSOCIATES OF VOLUSIA COUNTY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**2430 S. ATLANTIC AVENUE
SUITE E
DAYTONA BEACH SHORES FL 32118**

**2430 S. ATLANTIC AVENUE
SUITE E
DAYTONA BEACH SHORES FL 32118**

REINSTATEMENT

96+97

3. Date Incorporated or Qualified

11/26/1990

3a. Date of Last Report

01/04/1996

mw8

4. FEI Number

59-3055743

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIDSON, TERRELL C.
2430 S. ATLANTIC AVENUE
SUITE E
DAYTONA BEACH SHORES FL 32118**

81 Name

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

83

**3000002127843-9
-03/28/97--01144--006**

84 City

*****923.75 ***923.75
FL**

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

TERRELL C. DAVIDSON

Terrell C. Davidson

March 18th 1997

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CROTTY, E. WILLIAM	
STREET ADDRESS	501 N. GRANDVIEW AVE.	
CITY- ST- ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, GEORGE	
STREET ADDRESS	2500 N. ATLANTIC AVE.	
CITY- ST- ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIERCE, VAN W.	
STREET ADDRESS	59 BLUFF DR.	
CITY- ST- ZIP	SAVANNAH GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAED, THOMAS W.	
STREET ADDRESS	% 2025 S. ATLANTIC AVE.	
CITY- ST- ZIP	DAYTONA BCH SHORE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIDSON, TERRELL C.	
STREET ADDRESS	2430 S. ATLANTIC AVE., #E	
CITY- ST- ZIP	DAYTONA BCH SHORE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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)(k), 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:

Terrell C. Davidson

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

TERRELL C. DAVIDSON

March 18th 1997 904-257-5000

Date

Daytime Phone #

CR2E034 (12/95)