

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 PM 4: 11

DOCUMENT # **S74311**

(9)

1. Corporation Name

**MAKIN' WAVES OF DAYTONA, INC.**

Principal Place of Business

**1808 INTERNATIONAL SPEEDWAY BLVD  
STE 204  
DAYTONA BEACH FL 32114  
US**

Mailing Address

**1808 INTERNATIONAL SPEEDWAY BLVD  
STE 204  
DAYTONA BEACH FL 32114  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/14/1991**

3a. Date of Last Report

**03/24/1994**

4. FEI Number

**59-3078539**

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. The corporation has liability for intangible tax under S. 193(2),  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SULLIVAN, GAYLE  
5970 PLANTERA CT  
PORT ORANGE FL 32127**

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 the 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 of President, Secretary, Treasurer, or Registered Agent and State of Registration

Signature of Registered Agent or Registered Agent's Representative

ATTEST

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D**

**SULLIVAN, MARJORIE GAIL  
5970 PLANTERA COURT  
PORT ORANGE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D**

**BRASSELS, DIANE  
2015 GREEN STREET  
SO. DAYTONA FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

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 193(2)(c), 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Gayle Sullivan - Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATING OFFICER OR DIRECTOR

**2-20-95**  
DATE

**904-255-7701**  
TELEPHONE NUMBER