

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V12417** (4)

1. Corporation Name

READ'S VAN SERVICE OF FLORIDA, INC.

Principal Place of Business

**771 FENTRESS BLVD.
SUITE B
DAYTONA BEACH FL 32114
US**

Mailing Address

**771 FENTRESS BLVD
SUITE B
DAYTONA BEACH FL 32114
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/07/1992** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-3108309** 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

21 **475 FENTRESS BLVD.**

2a. Mailing Address

26 **475 FENTRESS BLVD.**

Suite, Apt. #, etc.

22 **SUITE "A"**

Suite, Apt. #, etc.

27 **SUITE "A"**

City & State

23 **DAYTONA BEACH, FL**

City & State

28 **DAYTONA BEACH, FL**

Zip

24 **32114**

Country

25 **U.S.**

Zip

29 **32114**

Country

30 **US**

9. Name and Address of Current Registered Agent

**DANIELS, DOUGLAS A
149-F S. RIDGEWOOD AVE
SUITE 120
DAYTONA BEACH FL 32114**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **STURM, ROBIN**
STREET ADDRESS **771 FENTRESS BLVD**
CITY- ST- ZIP **DAYTONA BEACH FL**

TITLE **VP**
NAME **DUNLEAVY, TOM**
STREET ADDRESS **771 FENTRESS BLVD**
CITY- ST- ZIP **DAYTONA BEACH FL**

TITLE **ST**
NAME **COX, ROBERT A**
STREET ADDRESS **771 FENTRESS BLVD**
CITY- ST- ZIP **DAYTONA BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1 2 NAME **STURM, ROBIN D.**
1 3 STREET ADDRESS **475 FENTRESS BLVD., STE. "A"**
1 4 CITY- ST- ZIP **DAYTONA BEACH, FL 32114**

2 1 TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
2 2 NAME **DUNLEAVY, THOMAS**
2 3 STREET ADDRESS **475 FENTRESS BLVD., STE. "A"**
2 4 CITY- ST- ZIP **DAYTONA BEACH, FL 32114**

3 1 TITLE **SECRETARY** ☒ Change ☐ Addition
3 2 NAME **COX, ROBERT A.**
3 3 STREET ADDRESS **475 FENTRESS BLVD., STE. "A"**
3 4 CITY- ST- ZIP **DAYTONA BEACH, FL 32114**

4 1 TITLE ☐ Change ☐ Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP

5 1 TITLE ☐ Change ☐ Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP

6 1 TITLE ☐ Change ☐ 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 110.07(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 **Robert A. Cox** 4/14/95 215-443-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR