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

PROFIT CORPORATION ANNUAL REPORT



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

1996

	OF PALM COAST, INC.	0 (5)						
Principal Place of 6 F C AIRPORT BUNNELL FL 32								
F C AIRPORT BUNNELL FL 32	Business							
F C AIRPORT BUNNELL FL 32	Business					i		
F C AIRPORT BUNNELL FL 32		Principal Place of Business Mailing Address						
BUNNELL FL 32		PO BOX 521						
บร	2110	FLGLER BCH FL 32136 US						
					3. Date incorporated or Qualified 3a. Date of Last Report			
					03/03/1992	(	5/01/1995	
2. Principal Place of Business		2a. Mailing Address			4, FEI Number		Applied For	
Suite, Apt. #, e	otc.	Suite, Apt. #, etc.				59-3110317		Not Applicab \$8.75 Additional
22		27				5. Certificate of Status Desired		Fee Required
City & State		City & State			6. Election Campaign Financing		<b>\$5.00</b> May Be	
<b>23</b> Zip	Country	<b>28</b>   Z <sub>I</sub> p	Co	untry		Trust Fund Contribution		Added to Fees
24	25	29	30	oriti y		8. This corporation has liability for Florida Statutes	intangibie ti S DNo	ax under siliae.usz,
	g. Name and Address of Curren	t Registered Agent				10. Name and Address of New I	Registered	Agent
				81	Name			
SAVY, BENJAMIN			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
	LEAF LANE AST FL 32137			83				
PALM CUA	MOI FL 32131					A BIT of IAMA AND AND AND AND AND AND AND AND AND AN		
				84	City		FL	85 Zip Code
11. Pursuant to the or registered a	he provisions of Sections 607.0502 agent, or both, in the State of Floric	and 607.1508, Florida Statu la. Such change was authori	ites, the abo	ove-n	amed corpor oration's boa	ration submits this statement for the purific of directors. I hereby accept the app	rpose of ch	anging its registered off registered agent. I am
	and accept the obligations of, Secti	on 607.0505, Florida Statuto	es.	·		, , , ,,		3
SIGNATURESyn	nature, typed or printed name of registered agont.	and title if applicable (N	VOTE Flugisterer	d Agent	signature require	d when reinstating)	DATE	
12.	OFFICERS ANS		13.			ADDITIONS/CHANGES TO OF	FICERS ANI	DIRECTORS IN 12
TITLE	DP	Delete	1.11				!	Change
NAME STREET ADDRESS	NEIDHART, ALFRED E P O BOX 521 N/A		1.2 N		ADODECO			
CITY-ST-ZIP	FLGLER BEACH FL	1		OTY-SI	ADDRESS			
TITLE	ST	☐ DELETE	2 1		, 211			Change Addition
NAME	NIEDHARDT, MARIANNE		2.2 N	IAME				
STREET ADDRESS	503 OCEAN MARINA DR		2.3 \$	STREET.	ADDRESS			
CITY-ST-ZIP TITLE	FLGLER BCH FL DV	☐ DELETE		)  Y - S1	1 - 21P			Change I Addition
NAME	NEIDHARDT, ALFRED E.		3. 1 ° 3.2 N					Change Addition
	P O BOX 521 N/A				ADDRESS			
CITY - ST - ZIP	FLGLER BEACH FL			) 				
TITLE		DELETE	4. 1	IIILE				Change Addition
NAME			4.2 N	IAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 C	HTTLE	1 - ZIP			Change Addition
NAME				IAME			ı	
STREET ADDRESS			i i		ADDRESS			
				DITY - ST				
CITY-ST-ZIP		DELETE	···	TITLE				Change   Addition
CITY-ST-ZIP TITLE			B ***					
TITLE NAME			G.2 N				'	
TITLE			6.2 N 6.3 S	AME	ADDRESS		!	

certify that I am an officer or director of the corporation or the repeiver 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:

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Dayting Florice 2