

FILED

Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90082 021 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V28908

1. Corporation Name

J. C. T. AQUATIC CENTER, INC.

Principal Place of Business

600 EATON ROAD
EDGEWATER FL 32132

Mailing Address

600 EATON ROAD
EDGEWATER FL 32132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1992

4. FEI Number

59-3130061

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ 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

City & State

29

City & State

30

Country

9. Name and Address of Current Registered Agent

PETERSON, SID C., JR.
418 CANAL ST.
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name

Hal Spence

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

221 N. Causeway

83

84

City New Smyrna Bch. FL

85

Zip Code

32169

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 renewing)

DATE

3/30/99

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DPT ☐ DELETE

STEARNS, JOHN

3707 SAXON DR.

NEW SMYRNA BCH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVS ☐ DELETE

TROIAN, TIMOTHY JAMES

313 DUE EAST ST.

NEW SMYRNA BCH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President - Director

☒ Change☐ Addition

1.2 NAME

Stearns, John

1.3 STREET ADDRESS

2518 India Palm Apt. B

1.4 CITY-ST-ZIP

Edgewater, FL 32141

2.1 TITLE

Vice President - Director

☒ Change☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Secretary / Treasure

☐ Change☒ Addition

3.2 NAME

Ginni Hiers

3.3 STREET ADDRESS

3412 India Palm Dr.

3.4 CITY-ST-ZIP

Edgewater, FL 32141

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 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 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, with all other like empowered.

SIGNATURE:

John Stearns

John Stearns

Date

Daytime Phone #

2/17/99 904-428-5074

CR2E034 (11/98)