

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V70269**

**(8)**

1. Corporation Name

**DAYTONA MARINE ENGINE CORP.**

Principal Place of Business

**1815 NORTH U.S. HIGHWAY 1  
ORMOND BEACH FL 32174**

Mailing Address

**1815 NORTH U.S. HIGHWAY 1  
ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/12/1992**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-3149076**

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. 109.019,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc

2a. Mailing Address

**26**

Suite, Apt. #, etc

City & State

**23**

Zip

Country

City & State

**28**

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**OSTERNDORF, RICHARD J.  
327 S. PALMETTO AVENUE  
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-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**D**

NAME

**LAWSON, WILLIAM**

STREET ADDRESS

**115 OAK LANE**

CITY, ST, ZIP

**ORMOND BEACH 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

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

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 applicable, on the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William Lawson**

**4-29-85**

**676 1140**