

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

AMENDED
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 20 PM 1:49

TALLAHASSEE, FLORIDA

DOCUMENT # V73241 (4)

1. Corporation Name

Reef Resort, Inc.

Amended

Principal Place of Business

Mailing Address

2111 S. Ridgewood Ave.
S. Daytona, FL 32121

2111 S. Ridgewood Ave.
S. Daytona, FL 32121

600001545246

-07/25/95--01058--011

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
10/22/92

3a. Date of Last Report
5/1/95

2. Principal Place of Business

2b. Mailing Address

21

26

4. FEI Number

59-3148176

Applied For

Not Applicable

22. Suite Apt # etc

27. Suite Apt # etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Opalewski, Michael
2111 S. Ridgewood Avenue
South Daytona, FL 32121

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 of individual or registered agent (if the corporation is a partnership)

Signature of registered agent (signature required when changing)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
Ford, James H.
100 E. New York Avenue
DeLand, FL

2. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
Phinney, Eugene
108 N. Magnolia Avenue
Ocala, FL

3. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
Faliero, Kenneth F.
4350 W. Cypress St.
Tampa, FL

4. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
Opalewski, Michael
19 Sycamore Cir.
Ormond Beach, FL

5. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
S
Collins, James M.
135 Westwood Drive
Daytona Beach, FL

6. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
T
Hodas, John H.
5628 Touro Drive
Port Orange, FL

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

DELETE - Eugene Phinney

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

DELETE - John H. Hodas

LW

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(4)(a), Florida Statutes. I further certify that the information indicated on this annual report or on the certificate of incorporation 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:

Michael J. Opalewski President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Opalewski

7/12/95

904-756-6010