FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **280989** **(5)**

1. Corporation Name
SEAHORSE MARINA, INC.

Principal Place of Business	Mailing Address
4135 KINGS HWY. CHARLOTTE HARBOR FL 33980 US	22481 GLEN AVE. PORT CHARLOTTE FL 33980 US

3. Date Incorporated or Qualified: 04/29/1964	3a. Date of Last Report: 07/19/1995
4. FEI Number: 59-0912802	☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FINNEGAN, MARTHA
22481 GLEN AVE.
PORT CHARLOTTE FL 33980

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 _______ (Registered Agent signature required when reinstating) DATE _______

12. OFFICERS AND DIRECTORS

TITLE	T	☐ DELETE
NAME	FINNEGAN, KATHLEEN	
STREET ADDRESS	22481 GLEN AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VP	☐ DELETE
NAME	FINNEGAN, TIMOTHY	
STREET ADDRESS	3655 VESSELS ROAD	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	P	☐ DELETE
NAME	FINNEGAN, MARTHA	
STREET ADDRESS	22481 GLEN AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	S	☐ DELETE
NAME	FINNEGAN, MICHAEL	
STREET ADDRESS	1108 BELMAR AVE. NW	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

14. I 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 changed, or on an attachment with an address.

SIGNATURE: Martha Finnegan, Pres. Feb 22, 1996 (941-625-5103)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE
MARTHA FINNEGAN PRESIDENT