

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

**APPROVED AND FILED**

**95 MAY -1 AM 8:02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**900001476189  
-05/04/95--01111--001  
\*\*\*4800.00 \*\*\*\*200.00**

DO NOT WRITE IN THIS SPACE

**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # 377606 (9)**

1. Corporation Name  
**SEA WORLD OF FLORIDA, INC.**

Principal Place of Business      Mailing Address

**C/O CORPORATE TAX DEPARTMENT  
ONE BUSCH PLACE  
ST. LOUIS MO 63118**

**C/O CORPORATE TAX DEPARTMENT  
ONE BUSCH PLACE  
ST. LOUIS MO 63118**

2. Principal Place of Business      2a. Mailing Address

21      26

22      27

23      28

24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report

**02/23/1971**      **04/29/1994**

4. FEI Number      Applied For

**95-2707532**       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

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

01 Name

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

03

04 City      05 Zip Code

**FL**

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 Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VAS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORRIGAN, THOMAS L.</b>	1.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ST. LOUIS MO</b>	1.4 CITY, ST, ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ST. LOUIS MO</b>	2.4 CITY, ST, ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, WILLIAM</b>	3.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ST. LOUIS MO</b>	3.4 CITY, ST, ZIP	
TITLE	<b>YC</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WUNDERLICH, ALBERT R.</b>	4.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ST. LOUIS MO</b>	4.4 CITY, ST, ZIP	
TITLE	<b>AT</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, RICHARD N</b>	5.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	5.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ST. LOUIS MO</b>	5.4 CITY, ST, ZIP	
TITLE	<b>S</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REEVES, LAURA H.</b>	6.2 NAME	
STREET ADDRESS	<b>ONE BUSCH PLACE</b>	6.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ST. LOUIS MO</b>	6.4 CITY, ST, ZIP	

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 110.07(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:** *Laura H. Reeves*      **4/21/95**      **314-577-2359**

Signature and Typed or Printed Name of Signing Officer or Director      Date      Telephone

**Laura H. Reeves, Secretary**

**SEA WORLD OF FLORIDA, INC.**

(Business Address: One Busch Place, St. Louis, MO 63118)

**OFFICERS**

<b>John B. Roberts</b>	<b>Chairman of the Board and President</b>
<b>William Davis</b>	<b>Executive Vice President and General Manager</b>
<b>Thomas L. Corrigan</b>	<b>Vice President and Assistant Secretary</b>
<b>Laura H. Reeves</b>	<b>Secretary</b>
<b>Albert R. Wunderlich</b>	<b>Tax Controller</b>
<b>William J. Kimmins</b>	<b>Treasurer</b>
<b>Richard N. Hill</b>	<b>Assistant Treasurer</b>

**DIRECTOR**

**John B. Roberts**

**Effective 1/1/94**