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**FILED**

**May 15 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 770863 (9)**

1. Corporation Name

**THE MOORINGS OF PERDIDO KEY II, INC.**



Principal Place of Business

Mailing Address

C/O JOHN WELCH  
703 S PALAFOX ST  
PENSACOLA FL 32501

C/O JOHN WELCH  
703 S PALAFOX ST  
PENSACOLA FL 32501-5935

3. Date Incorporated or Qualified  
**10/21/1983**

3a. Date of Last Report  
**04/29/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

**58-1777098**

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELCH, JOHN P.  
703 SOUTH PALAFOX STREET  
PENSACOLA FL 32501**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PD BRUCE, DAVID M.**  
STREET ADDRESS **4000 N. LABARRE RD.**  
CITY-ST-ZIP **METAIRIE LA**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **VD ANTOSEK, L. EDWARD**  
STREET ADDRESS **14407 PERDIDO KY DR #2-D**  
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **STD PEASE, HERB**  
STREET ADDRESS **4717 FLETCHER DR**  
CITY-ST-ZIP **FORT WORTH TX**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **D NICHOLAI, PETE**  
STREET ADDRESS **130 BERRY LN.**  
CITY-ST-ZIP **FAYETTEVILLE GA**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

*Handwritten signature and date: RW 5-15-97*

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14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**DAVID M. BRUCE**

SIGNATURE:

**SIGNATURE REQUIRED**

Date **4/30/97** Daytime Phone # 0022222

CFR2E037 (9/96)