

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

**APPROVED AND FILED**

**95 APR 11 PM 2:04**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # L89027 (1)**

1. Corporation Name  
**THE HISTORIC ROD & REEL PIER, INC.**

Principal Place of Business: **P.O. BOX 1268 ANNA MARIA FL 34216**  
Mailing Address: **P.O. BOX 1268 ANNA MARIA FL 34216**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/20/1990**      3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0277973**      Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

7. Trust Fund Contribution:

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 Suits, Apt. #, etc.      26 Suits, Apt. #, etc.

22 City & State      27 City & State

23 Zip      28 Zip      29 Country      30 Country

9. Name and Address of Current Registered Agent

**JAENSCH, PETER J.  
2014 FOURTH ST  
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City      85 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: **PD**  
NAME: **WACKER, GASTON**  
STREET ADDRESS: **620 FOX ST**  
CITY - ST - ZIP: **LONGBOAT KEY FL**

TITLE: **T**  
NAME: **SCHNOB, WERNER**  
STREET ADDRESS: **ROSENAL STRASSE 25**  
CITY - ST - ZIP: **BASEL SW**

TITLE: **S**  
NAME: **BEUZEROM, EDWIN R-VAN**  
STREET ADDRESS: **5319 SUNRISE LANE**  
CITY - ST - ZIP: **HOLMES BEACH FL**

TITLE: \_\_\_\_\_  
NAME: **KEVIN J. FLYNN**  
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:  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: **VICE PRESIDENT  
KEVIN J. FLYNN**

4.3 STREET ADDRESS: **411 ALLAMANDA DR P.O. BOX 1983**

4.4 CITY - ST - ZIP: **ANNA MARIA FL 34216**

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

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 110.07(3)(b), 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: **KEVIN J. FLYNN V.P.** **4/4/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR