

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90028 029 \*\*\*158.75

DOCUMENT # M22761

1. Corporation Name  
EVERGLADE AIR BOAT TOURS, INC.

Principal Place of Business  
1307 ALMAY STREET  
KEY LARGO FL 33037

Mailing Address  
1307 ALMAY STREET  
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/31/1985

4. FEI Number  
59-2601812

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 25400 S.W. 8th St.

26 P.O. Box 651711

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip Country  
24 33183 25 U.S.

Zip Country  
29 33265 30 U.S.

9. Name and Address of Current Registered Agent

CRAMER, RAYBURN C.  
1307 ALMAY STREET  
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name William Barlow  
82 Street Address (P.O. Box Number is Not Acceptable)  
25400 S.W. 8th Street  
83  
84 City Miami FL 85 Zip Code 33183

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 William Barlow William Barlow, Pres. 1/22/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME CRAMER, RAYBURN C.  
STREET ADDRESS 1307 ALMAY ST.  
CITY-ST-ZIP KEY LARGO FL

TITLE D ☒ DELETE  
NAME CRAMER, RAYBURN H.  
STREET ADDRESS 1307 ALMAY ST.  
CITY-ST-ZIP KEY LARGO FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME William Barlow  
1.3 STREET ADDRESS 25400 S.W. 8th St. Mailing Address  
1.4 CITY-ST-ZIP Miami, FL 33265

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

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Barlow William Barlow 1/22/99 (305) 221-9888  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)