

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 10 PM 2: 09

100001456381  
-04/14/95--01022--007  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000032810 (1)**  
1. Corporation Name  
**DUCK TOURS, INC.**  
**SEAFARI**

Principal Place of Business      Mailing Address  
**925 SEMINARY STREET**      **925 SEMINARY STREET**  
**KEY WEST FL**      **KEY WEST FL**

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29 **33040**      30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/29/1994**

4. FEI Number      Applied For  
**65-0499676**      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. 199.002, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**MILLS, MARGARET T**  
**201 FRONT STREET STE. 104**  
**KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**818 WHITE ST**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (Typed or printed name of registered agent and fee if applicable)      (NOTE: Registered Agent signature required when registering)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>MURPHY, JOHN F</b>
STREET ADDRESS	<b>925 SEMINARY STREET</b>
CITY, ST, ZIP	<b>KEY WEST FL 33040</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
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

11 TITLE	<b>CEO, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>JOHN F. MURPHY</b>
13 STREET ADDRESS	<b>925 SEMINARY ST</b>
14 CITY, ST, ZIP	<b>KEY WEST FL 33040</b>
21 TITLE	<b>PRES, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>BILL BEYANT</b>
23 STREET ADDRESS	<b>1322 OLIVIA ST</b>
24 CITY, ST, ZIP	<b>KEY WEST FL 33040</b>
31 TITLE	<b>V PRES, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>EMMA CATES</b>
33 STREET ADDRESS	<b>2916 FOGERTY AVE</b>
34 CITY, ST, ZIP	<b>KEY WEST FL 33040</b>
41 TITLE	<b>SECRET/TREAS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>NOEMI MURPHY</b>
43 STREET ADDRESS	<b>925 SEMINARY ST</b>
44 CITY, ST, ZIP	<b>KEY WEST FL 33040</b>
51 TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(h), 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: *John F. Murphy*      **CEO**      **4/3/95**      **305-296-7001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Typed Name)

**JOHN F. MURPHY**