SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIV ... CORPORATIONS
95 JUN 13 AM 8:44

DOCUMENT # P94000093827 (1)

1. Corporation Name

LONGBOAT KEY INVESTMENTS, INC.

Principal Place of Business: ~~2217 GULF DR~~ ~~BRADENTON BEACH FL 34217~~

Mailing Address: ~~2217 GULF DR~~ ~~BRADENTON BEACH FL 34217~~

PLEASE NOTE BELOW

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 5360 Gulf of Mexico Dr.
Suite, Apt. #, etc	22 LongBoat Key, Fl.
City & State	23
Zip	24 34228
Country	25 Manatee
2a. Mailing Address	26 5360 Gulf of Mexico Dr.
Suite, Apt. #, etc	27 Suite 2
City & State	28 LongBoat Key, Fl.
Zip	29 34228
Country	30 Manatee

3. Date Incorporated or Qualified: 12/29/1994
3a. Date of Last Report: N/A.
4. FEI Number: 65-0544251 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SAINT GALVANO, WILLIAM
1023 MANATEE AVE W
BRADENTON FL 34206

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

N/A

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 ______

12. OFFICERS AND DIRECTORS

TITLE	~~D~~
NAME	~~DENHAM, LILLIAN G~~
STREET ADDRESS	~~2217 GULF DR~~
CITY ST ZIP	~~BRADENTON BEACH FL 34217~~
TITLE	D- D - Treasurer
NAME	David G. Eckel
STREET ADDRESS	6945 Gulf of Mexico Dr.
CITY ST ZIP	LongBoat Key, Fl. 34228
TITLE	D- President - Secretary
NAME	Kevin T. Levins
STREET ADDRESS	741 Old Compass Road
CITY ST ZIP	LongBoat Key, Fl. 34228
TITLE	Vice President
NAME	D- John E. McCormick
STREET ADDRESS	761 Emerald Harbor Dr.
CITY ST ZIP	LongBoat Key, Fl. 34228
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		
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		

CR2E034 (3/95)

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 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.

SIGNATURE: Kevin T. Levins, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEVIN T. LEVINS, PRESIDENT

June 8/1995 — Date
941 383-5577 — Daytime Phone #

0100070 CP