

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000093827 (1)**

1. Corporation Name

LONGBOAT KEY INVESTMENTS, INC.



Principal Place of Business

**5360 GOLF OF MEXICO DR
LONGBOAT KEY FL 34228
US**

Mailing Address

**5360 GOLF OF MEXICO DR
SUITE E
LONGBOAT KEY FL 34228
US**

3. Date Incorporated or Qualified
12/29/1994

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Street, Apt. #, etc.

26 Street, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**SAINT GALVANO, WILLIAM
1023 MANATEE AVE W
BRADENTON FL 34206**

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 607.0542 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of the Corporation

Signature of Registered Agent or Secretary of the Corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME

**DT
ECKEL, DAVID G
6945 GOLF OF MEXICO DR
LONGBOAT KEY FL
DPS**

☐ DELETE

11 TITLE

☐ Change ☐ Addition

12 NAME

**LEVINS, KEVIN T
701 REDCOMPASS ROAD
LONGBOAT KEY FL
VPD**

☐ DELETE

12 NAME

☐ Change ☐ Addition

13 STREET ADDRESS

**701 REDCOMPASS ROAD
LONGBOAT KEY FL
VPD**

☐ DELETE

13 STREET ADDRESS

☐ Change ☐ Addition

14 CITY, ST, ZIP

**LONGBOAT KEY FL
VPD**

☐ DELETE

14 CITY, ST, ZIP

☐ Change ☐ Addition

15 NAME

**MCCORMICK, JOHN C
761 EMERALD MARBOR DR
LONGBOAT KEY FL**

☐ DELETE

15 NAME

☐ Change ☐ Addition

16 STREET ADDRESS

**761 EMERALD MARBOR DR
LONGBOAT KEY FL**

☐ DELETE

16 STREET ADDRESS

☐ Change ☐ Addition

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LONGBOAT KEY FL

☐ DELETE

32 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached form with an address.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin T. Levins **KEVIN T. LEVINS** - **FEB. 8TH, 1996**

DATE

DATE OF FILING

941-383-5577

CR2E034 (12/95)