

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 407415 (9)

1. Corporation Name  
100 FATHOMS OFF FLORIDA, INC.



Principal Place of Business  
38210 COOK BROWN RD. PUNTA GORDA, FL  
P.O. BOX 477  
FT. MYERS FL 33902-0477  
US

Mailing Address  
38210 COOK BROWN RD. PUNTA GORDA, FL  
P.O. BOX 477  
FT. MYERS FL 33902-0477  
US

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>10/01/1972  | 3a. Date of Last Report<br>04/24/1995 |
| 4. FEI Number<br>59-1444218  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

9. Name and Address of Current Registered Agent

OGLE, JOHN N.  
38210 COOK BROWN RD.  
PUNTA GORDA FL 33955

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name, of registered agent and their address

(NOTE: Registered Agent signature required when new filing)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | PTD<br>OGLE, JOHN N.<br>38210 COOK BROWN RD.<br>PUNTA GORDA FL  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 1.2 NAME  |  |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |   | 1.4 CITY- ST- ZIP                                     |  |
| TITLE                      | VST<br>OGLE, LINDA J<br>38210 COOK & BROWN RD<br>PUNTA GORDA FL | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 2.2 NAME  |  |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |   | 2.4 CITY- ST- ZIP                                     |  |
| TITLE                      | P<br>OGLE, LINDA J<br>38210 COOK & BROWN RD<br>PUNTA GORDA FL   | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |  |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |   | 3.4 CITY- ST- ZIP                                     |  |
| TITLE                      |   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |   | 4.4 CITY- ST- ZIP                                     |  |
| TITLE                      |   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |   | 5.4 CITY- ST- ZIP                                     |  |
| TITLE                      |   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |   | 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 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 attachment with an address.

SIGNATURE: Linda J. Ogle LINDA J. OGLE 04/22/96 941/543-1260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04/22/96 Office Phone: 941/543-1260

CR2E034 (12/95)