FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 122540 (8)

1. Corporation Name
SPONGE FISHING COMPANY

Principal Place of Business	Mailing Address
511 N. PINELLAS AVE TARPON SPRINGS FL 34689	511 N. PINELLAS AVE TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified: 01/01/1930
3a. Date of Last Report: 10/03/1994
4. FEI Number: 59-0459850 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt #, etc 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt #, etc 27 / City & State 28 / Zip 29 / Country 30

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

MORRISON, DOUGLAS
511 N. PINELLAS AVE
TARPON SPRINGS FL 34689

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	MORRISON, DOUGLAS	NAME	
STREET ADDRESS	511 N PINELLAS AVE	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	CITY-ST-ZIP	
TITLE	C	TITLE	☒ Change ☐ Addition
NAME	FURROW, SAM	NAME	(ZIP)
STREET ADDRESS	~~777 NORTH FIFTH AVENUE~~ OK	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37901	CITY-ST-ZIP	37901
TITLE	T	TITLE	☒ Change ☐ Addition
NAME	MORRISON, PATTY	NAME	(ZIP)
STREET ADDRESS	511 N PINELLAS AVE	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	34689
TITLE	S	TITLE	☒ Change ☐ Addition
NAME	NIEDERHOFER, JEAN	NAME	(ZIP)
STREET ADDRESS	511 N. PINELLAS AVE	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPGS FL 34689	CITY-ST-ZIP	34689
TITLE	V	TITLE V	VICE PRESIDENT ☐ Change ☒ Addition
NAME		NAME	NANCY TROIO
STREET ADDRESS		STREET ADDRESS	511 N. PINELLAS AVE
CITY-ST-ZIP		CITY-ST-ZIP	TARPON SPGS FL 34689
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: X Douglas Morrison, Pres — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-25-95

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