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 APR 17 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **328168** **(0)**

1. Corporation Name
TROPICAL MARINE CENTER INC

Principal Place of Business	Mailing Address
CRANE BLVD RT 2 BOX 569-D SUMMERLAND KEY FL 33042 SUGARLOAF KY	CRANE BLVD RT 2 BOX 569-D SUMMERLAND KEY FL 33042 SUGARLOAF KY

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/28/1968
3a. Date of Last Report: 07/12/1994

2. Principal Place of Business
21 Crane Blvd Sugarloaf
22 936 Crane Boulevard
23 Sugarloaf Key FL
24 FL 33042 25 Monroe

2a. Mailing Address
26 Crane Blvd Sugarloaf
27 936 Crane Boulevard
28 Sugarloaf Key FL
29 33042 30 Monroe

4. FEI Number: 59-1207943 ☐ 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

JONES, TIMOTHY A
RT 2 BOX 569-D
SUMMERLAND KEY, FL
33042

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: Timothy A. Jones — DATE: 4-7-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	11 TITLE	VS	☒ Change ☐ Addition
NAME	JONES, SIDNEY C	12 NAME	Jones, Sidney C.	
STREET ADDRESS	RT 2 BOX 569-D	13 STREET ADDRESS	936 Crane Boulevard	
CITY-ST-ZIP	SUMMERLAND KEY FL	14 CITY-ST-ZIP	Sugarloaf Key, FL 33042	
TITLE	PT	21 TITLE	PT	☒ Change ☐ Addition
NAME	JONES, TIMOTHY A	22 NAME	Jones, Timothy A.	
STREET ADDRESS	RT 2 BOX 569-D	23 STREET ADDRESS	936 Crane Boulevard	
CITY-ST-ZIP	SUMMERLAND KEY FL	24 CITY-ST-ZIP	Sugarloaf Key, FL 33042	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Timothy A. Jones — Timothy A Jones — 4-7-95 — 305-745-3663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0117649 CP