

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 # 328168 (0)

1. Corporation Name:

TROPICAL MARINE CENTER INC



Principal Place of Business

Mailing Address

CRANE BLVD SUGARLOAF
936 CRANE BLVD
SUMMERLAND KEY FL 33042
US

CRANE BLVD SUGARLOAF
936 CRANE BLVD
SUGARLOAF KEY FL 33042
US

3. Date Incorporated or Qualified

03/28/1968

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

10. Name and Address of New Registered Agent

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

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

Signature typed on pre-filled name of officer or director of corporation

Block 13. For use in Agent signature required when appointing

Date of Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS
NAME JONES, SIDNEY C
STREET ADDRESS 936 CRANE BLVD
CITY - ST - ZIP SUGARLOAF KEY FL

☐ DELETE

TITLE PT
NAME JONES, TIMOTHY A
STREET ADDRESS 936 CRANE BLVD
CITY - ST - ZIP SUGARLOAF KEY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy A. Jones

TIMOTHY A. JONES

5-23-96

305-745-3663

CR2E034 (12/95)