

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 331144

1. Corporation Name

FIN & FEATHER, INC.

(D.B.A. Buckhead Ridge Marina)

(6) SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Request for
Reinstatement and
Corporate report for
Fin & Feather Inc
Buckhead Ridge Marina - filed

Principal Place of Business

RT 4, 2 LISA ROAD
OKEECHOBEE, FL 34974-9229

Mailing Address

RT 4, 2 LISA ROAD
OKEECHOBEE, FL 34974-9229

Rt. 4, 670
Okeechobee, FL 34974

Rt. 4, 670
Okeechobee, FL 34974

Merger of Fin & Feather, Inc. +
Buckhead Ridge Marina INC previously

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified
06/12/1968

3a. Date of Last Report
08/04/1995

4. FEI Number

59-1214060

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

HERBERT C. GIBSON, ESQ
209 S OLIVE AVE
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

308882828659-6
-12/05/96--01030--013

84 City

***375.00 FL ***375.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 title if applicable

NOTE: Registered Agent Signature required with all restatements

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
PEARCE, LELAND
STREET ADDRESS 250 BUCKHEAD RIDGE
CITY - ST - ZIP OKEECHOBEE FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME V. President
1.3 STREET ADDRESS PEARCE, LELAND
1.4 CITY - ST - ZIP 250 BUCKHEAD RIDGE
OKEECHOBEE, FL. 34974

TITLE ☐ DELETE

NAME D
PEARCE, VIVIAN
STREET ADDRESS 95 LISA LANE
CITY - ST - ZIP OKEECHOBEE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME President.
2.3 STREET ADDRESS PEARCE, VIVIAN
2.4 CITY - ST - ZIP 95 LISA LANE
OKEECHOBEE, FL. 34974

TITLE ☐ DELETE

NAME D
PEARCE, MILDRED
STREET ADDRESS 250 BUCKHEAD RIDGE
CITY - ST - ZIP OKEECHOBEE FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SEC. - TREAS.
3.3 STREET ADDRESS PEARCE, MILDRED
3.4 CITY - ST - ZIP 250 BUCKHEAD RIDGE
OKEECHOBEE, FL 34974

TITLE ☐ DELETE

NAME T
PEARCE, MILDRED
STREET ADDRESS 250 BUCKHEAD RIDGE
CITY - ST - ZIP OKEECHOBEE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

REINSTATEMENT 1996

12-2-96

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #