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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 407415 (9)**

**1. Corporation Name  
100 FATHOMS OFF FLORIDA, INC.**

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

**3. Date Incorporated or Qualified 10/01/1972 3a. Date of Last Report 04/07/1994**  
**4. FEI Number 59-1444218 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**

**2. Principal Place of Business 2a. Mailing Address**  
**21 26**  
**22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.**  
**23 City & State 28 City & State**  
**24 Zip 25 Country 29 Zip 30 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**  
**B1 Name**  
**B2 Street Address (P.O. Box Number is Not Acceptable)**  
**B3**  
**B4 City FL B5 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 this 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 when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PTD</b> <b>OGLE, JOHN N.</b> <b>38210 COOK BROWN RD.</b> <b>PUNTA GORDA FL</b>	<b>1. 1 TITLE</b> <b>1. 2 NAME</b> <b>1. 3 STREET ADDRESS</b> <b>1. 4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VST</b> <b>OGLE, LINDA J</b> <b>38210 COOK &amp; BROWN RD</b> <b>PUNTA GORDA FL</b>	<b>2. 1 TITLE</b> <b>2. 2 NAME</b> <b>2. 3 STREET ADDRESS</b> <b>2. 4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE: John N. Ogle PRESIDENT 4-10-95 (813-543-1260)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Original Phone #)  
**JOHN N. OGLE**