

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 MAR -3 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 537935 (9)
1. Corporation Name
SURFSIDE YACHTS, INC.

Principal Place of Business Mailing Address
% ROBERT M POST % ROBERT M POST
P O BOX 277 P O BOX 277
INDIANTOWN FL 34956 INDIANTOWN FL 34956

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/24/1977	3a. Date of Last Report 02/22/1994
4. FEI Number 59-1916046	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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POST, ROBERT M., JR. 61 SE HARBOR POINT DRIVE STUART 33494		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 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 when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	POST, ROBERT M. JR.	1.2 NAME	
STREET ADDRESS	61 SE HARBOR POINT DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	STUART FL	1.4 CITY, ST, ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	POST, LINDA M.	2.2 NAME	
STREET ADDRESS	61 SE HARBOR POINT DRIVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	STUART FL	2.4 CITY, ST, ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	POST, ROBERT M III	3.2 NAME	
STREET ADDRESS	61 SE HARBOR PT DR	3.3 STREET ADDRESS	
CITY, ST, ZIP	STUART FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information included 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 personally by the 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, for an appointment with an address.

SIGNATURE: *Robert M. Post* 2-24-95 507 537-3113
SIGNATURE AND TYPED OR PRINTED NAME OF BIG BROS OFFICER OR DIRECTOR