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 29 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001443217
-03/29/95--01096--005
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 678046 (4)

1. Corporation Name
SEASHORE SHELL CO.

Principal Place of Business
336 DUVAL STREET
KEY WEST FL 33040

Mailing Address
336 DUVAL STREET
KEY WEST FL 33040

3. Date Incorporated or Qualified: 07/10/1980
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2050054 ☐ 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 P.O. BOX 974
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: KEY WEST, FL
24 Zip / 25 Country	29 Zip: 33074 / 30 Country: MONROE

9. Name and Address of Current Registered Agent

KNIGHT, JOAN
336 DUVAL ST
KEY WEST FL 33040

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KNIGHT, JOAN T.
STREET ADDRESS	336 DUVAL STREET
CITY-ST-ZIP	KEY WEST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☒ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS	P.O. BOX 974 NP	
1 4 CITY-ST-ZIP	KEY WEST, FL.	
2 1 TITLE		☐ Change ☐ Addition
3 1 TITLE		☐ Change ☐ Addition
4 1 TITLE		☐ Change ☐ Addition
5 1 TITLE		☐ Change ☐ Addition
6 1 TITLE	X	☐ Change ☐ Addition

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(1)(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: Joan Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95 Date
305-296-2661 Daytime Phone #

0000667 CP