FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 736959 (8)

1. Corporation Name
ANNA MARIA ISLAND PRIVATEERS, INC.

Principal Place of Business	Mailing Address
529 75TH ST HOLMES BEACH FL 34217	529 75TH ST HOLMES BCH FL 34217 US

3. Date Incorporated or Qualified: 10/01/1976
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 955	26 P.O. Box 955
Suite, Apt. #, etc. 22 312 IRIS	Suite, Apt. #, etc. 27
City & State 23 ANNA MARIA, FL	City & State 28 ANNA MARIA, FL
Zip 24 34216 Country 25 USA	Zip 29 34216 Country 30 USA

4. FEI Number: 59-1718904 ☐ 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
MCKELVEY, NORMAN 529 75TH ST HOLMES BCH. FL 34217	81 Name: McKelvey, NORMAN) 82 Street Address (P.O. Box Number is Not Acceptable): 312 IRIS – (mail at POBx 955) 83 84 City: Anna Maria FL 85 Zip Code: 34216

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOOMBS, MARSHALL 1119 EDGE WATER CR BRADENTON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD SWAGER, JOHN P.O.Box1354 NA Holmes Beach FL 34217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MC KELVEY, NORMAN 529 75 ST HOLMES BCH. FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BEER, GRANT 201 72ND ST HOLMES BCH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MADDOX, RICK P.O. BOX 1126 N/A CORTEZ FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWAGER, JOHN P.O. BOX 1354 N/A HOLMES BCH FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Wallace, Al 3914 29th Ave W. Bradenton, FL 34205	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOKES, WILL 2506 NIGHTINGALE LN BRADENTON FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200001853282 -06/06/96--01028--037 ***61.25	☐ Change ☐ Addition

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norman McKelvey 4/1/96 941-778-5934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #