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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
P.O. BOX 955 312 IRIS ANNA MARIA FL 34216 US	P.O. BOX 955 312 IRIS ANNA MARIA FL 34216-0955 US

3. Date Incorporated or Qualified: 10/01/1976
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 P.O. Box 1126
Suite, Apt. #, etc. 4515
22 124th St. Ct. W
City & State
23 CORTEZ
Zip 24 FL
Country 25 U.S.A

2a. Mailing Address
26 P.O. Box 1126
Suite, Apt. #, etc.
27
City & State
28 CORTEZ
Zip 29 FL
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

MCKELVEY, NORMAN
P.O. BOX 955
312 IRIS
ANNA MARIA FL 34216

10. Name and Address of New Registered Agent

81 Name: RICK MADDOX
82 Street Address (P.O. Box Number is Not Acceptable): 4515 124th St. Ct. W.
83
84 City: CORTEZ FL 85 Zip Code: 34215

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: X Rick Maddox Rick Maddox Vice President 4-23-97
(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		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SWAGER, JOHN		1.2 NAME		
STREET ADDRESS	P.O. BOX 1354 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL 34217		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MC KELVEY, NORMAN		2.2 NAME		
STREET ADDRESS	529 75 ST		2.3 STREET ADDRESS	P.O Box 955 - 312 IRIS	
CITY-ST-ZIP	HOLMES BCH. FL		2.4 CITY-ST-ZIP	ANNA MARIA, FL 34216	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BEER, GRANT		3.2 NAME		
STREET ADDRESS	201 72ND ST		3.3 STREET ADDRESS	6937 Harbor Oaks Circle	
CITY-ST-ZIP	HOLMES BCH FL		3.4 CITY-ST-ZIP	Bradenton FL 34209	
TITLE	VD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MADDOX, RICK		4.2 NAME		
STREET ADDRESS	P.O. BOX 1126 N/A		4.3 STREET ADDRESS	P.O. Box 1126 ~4515 N 124th St. Ct. W.	
CITY-ST-ZIP	CORTEZ FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, AL		5.2 NAME		
STREET ADDRESS	3914 29TH AVE W.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STOKES, WILL		6.2 NAME		
STREET ADDRESS	2506 NIGHTINGALE LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Rick Maddox Rick Maddox VICE President 4-23-97 941-794-2599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0062087