

737159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

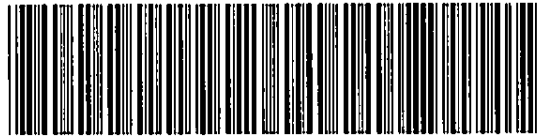
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600447434606

corp-32

NP # 7-37159

SEAFARER OWNERS ASSOCIATION, INC.

(☒) New Corporation    ( ) Reincorporation    ( ) Amendment (§617.02)

Filed: Oct. 27, 1976    By:

7-37159

11/17/76  
CUB



## Secretary of State

STATE OF FLORIDA  
THE CAPITOL  
TALLAHASSEE 32304

October 29, 1976

BRUCE A. SMATHERS  
SECRETARY OF STATE

William Guy Davis, Jr., Esquire  
c/o Beggs & Lane  
Attorneys at Law  
P. O. Box 12950  
Pensacola, Florida 32576

Telephone Number:  
904/488-3140

CHARTER NUMBER: 7-37159

SUBJECT: SEAFARER OWNERS ASSOCIATION, INC.

This will acknowledge receipt of the following:

- XX 1. Check in the amount of \$ 38.
- XX 2. Articles of Incorporation filed October 27, 1976.
- \_\_\_\_\_ 3. Amendment to Articles of Incorporation filed
- \_\_\_\_\_ 4. Articles of Merger or Consolidation filed
- \_\_\_\_\_ 5. Certificate of Withdrawal filed
- \_\_\_\_\_ 6. Limited Partnership filed
- \_\_\_\_\_ 7. Trademark Application filed
- \_\_\_\_\_ 8. Application for qualification filed \_\_\_\_\_. It is no longer required to issue a permit. A certificate under seal to this effect may be obtained for \$5.
- \_\_\_\_\_ 9. Reinstatement filed
- \_\_\_\_\_ 10. Dissolution filed
- \_\_\_\_\_ 11. Other:

### ENCLOSED:

- XX 1. Certified Copy(ies) (We are forwarding this certified copy to you per Mr. John Myrick's request.)
- \_\_\_\_\_ 2. Certificate(s) Under Seal
- \_\_\_\_\_ 3. Photocopy(ies)
- \_\_\_\_\_ 4. Other:

DIVISION OF CORPORATIONS

MESMER & ROBBINSON  
ATTORNEYS AND COUNSELLORS AT LAW  
1825 CNA TOWER  
ORLANDO, FLORIDA 32802

WILLIAM B. MESMER  
WILLIAM H. ROBBINSON  
G. THOMAS BALL

October 14, 1976

737159

POST OFFICE BOX 808  
TELEPHONE (305) 483-7000

Secretary of State  
Corporations Division  
Tallahassee, Florida

591169 *CPD*

11-20-76 10700 \*\*\*3  
11-20-76 10600 \*\*\*5  
11-20-76 10300 \*\*\*10

Re: Incorporation of Seafarer Owners Association, Inc.

Dear Sir:

Enclosed herewith are the original and one copy of the Articles of Incorporation of the above captioned corporation together with our firm check in the amount of \$38.00 for the following:

1. Filing Certificate of Incorporation - \$30.00
2. Certified copy of Articles of Incorporation \$5.00
3. Registration of Registered Agent - \$3.00

Please send a certified copy of the Articles of Incorporation to the undersigned.

Thank you for your prompt attention to this matter.

Very truly yours,

*Wm. B. Mesmer*  
Wm. B. Mesmer

WBM/ck  
Enclosures

|               |    |
|---------------|----|
| PRIVILEGE TAX |    |
| G. TAX        |    |
| G. COPY       | 30 |
| R. A. FEE     | 5  |
| P. COPY       | 3  |
| SEARCH        |    |
| TOTAL         | 38 |
| BALANCE DUE   |    |

*17*

FILED  
OCT 27 4 06 PM '76  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
OCT 18 9 46 AM 1976  
DEPARTMENT OF STATE  
HALL ROOM  
TALLAHASSEE, FLA.



# Secretary of State

STATE OF FLORIDA  
THE CAPITOL  
TALLAHASSEE 32304

Division of Corporations  
Charter Section

BRUCE A. SMITHERS  
SECRETARY OF STATE

Oct. 20, 1976

Telephone Number  
904/488-2675

William B. Mesmer, Esquire  
1525 CMA Tower  
P.O. Box 806  
Orlando, Fla. 32802

FILED  
OCT 22 4 08 PM '76  
TALLAHASSEE, FLORIDA

SUBJECT: SEAFARER OWNERS ASSOCIATION, INC.

Returned ☒ Pending ☐ Check acknowledged \$38.00

1. ☐ NAME IS NOT AVAILABLE
2. ☐ The corporate name must be identical wherever it appears in the articles.
3. ☐ The corporation's name must include corporate suffix.
4. ☐ BALANCE DUE:
5. ☐ Address for (a) Registered Office; (b) Incorporators; (c) Directors.
6. ☐ The number of directors the corporation shall have must be shown with a statement designating the total number.
7. ☐ The Articles state that there will be 5 directors (initially). However 17 are listed.
8. ☐ Notary Public's acknowledgment is incomplete.
9. ☐ The date of notarization must be the same as date of subscription.
10. ☐ All incorporators must sign and one signature must be notarized.
11. ☐ All incorporators signing the Articles of Incorporation must be listed in Article 1.
12. ☒ A designation of registered office and registered agent, at the same street address, must be contained within the Articles of Incorporation pursuant to Section 607.164, Florida Statutes. Registered agent must sign accepting the designation.
13. ☐ The effective date is not acceptable: (a) The Articles were not received in this office within five days of the date of acknowledgment: (b) The effective date is prior to the date of acknowledgment.
14. ☐ Please delete any reference to Chapter 608, Florida Statutes as it was repealed January 1, 1976.
15. ☐ Please indicate in your cover letter that your documents are being held pending arrival of the balance due.
16. ☐ Documents must be legible for microfilming.
17. ☐

ARTICLES OF INCORPORATION  
OF  
SEAFARER OWNERS ASSOCIATION, INC.

---

FILED  
OCT 22 4 08 PM '76  
RECEIVED BY STATE  
ATTORNEY GENERAL

The undersigned by these Articles associate themselves for the purpose of forming a corporation not for profit under Chapter 617, Florida Statutes, and certify as follows:

ARTICLE I.

Name

The name of the corporation shall be Seafarer Owners Association, Inc., and for convenience, the corporation shall be referred to in this instrument as the Association.

ARTICLE II.

Purpose

II.1 The purpose for which the Association is organized is to provide an entity pursuant to Chapter 711, Florida Statutes, for the operation of Seafarer, a condominium, to be located upon the property described in Exhibit "A", Section One, and for Seafarer, Section Two and Seafarer, Section Three to be constructed at a later date on lands immediately adjacent on the West to those described in Exhibit "A".

II.2 The Association shall make no distributions of income to its members, directors or officers.

ARTICLE III.

Powers

The powers of the Association shall include and be governed by the following provisions:

III.1 The Association shall have all of the common law and statutory powers of a corporation not for profit which are not in conflict with the terms of these Articles.

III.2 The Association shall have all of the powers and duties set forth in the Condominium Act, except as limited by these Articles and the Declaration of Condominium, and all of the powers and duties reasonably necessary to operate the condominium pursuant

to the Declaration as presently drafted and as it may be amended from time to time, including but not limited to the following:

- a. To make and collect assessments against members as unit owners to defray the costs, expenses and losses of the condominium.
- b. To use the proceeds of assessments in the exercise of its powers and duties.
- c. To maintain, repair, replace and operate the condominium property.
- d. To purchase insurance upon the condominium property and insurance for the protection of the Association and its members as unit owners.
- e. To reconstruct improvements after casualty and the further improvement of the property.
- f. To make and amend reasonable regulations respecting the use of the property in the condominium.
- g. To approve or disapprove the transfer, mortgage and ownership of units as provided by the Declaration of Condominium and by the By-Laws of the Association.
- h. To enforce by legal means the provisions of the Condominium Act; the Declarations of Condominium for Seafarer, Sections One, Two, and Three; these Articles; the By-Laws of the Association and the Regulations for use of the property in the condominium.
- i. To contract for the management of the condominium and to delegate to such contractor and manager all powers and duties of the Association, except such as are specifically required by the Declaration of Condominium to have approval of the Board of Directors or the membership of the Association.
- j. To contract for the management or operation of portions of the common elements susceptible to separate management or operation, and to lease such portions.
- k. To employ personnel to perform the services required for proper operation of the condominium.

III.3 The Association shall have the power to purchase a unit or units in the condominium and to hold, lease, mortgage and convey the same.

III.4 All funds and the titles to all properties acquired by the Association and their proceeds shall be held in trust for the members in accordance with the provisions of the Declaration of Condominium, these Articles of Incorporation, and the By-Laws.

#### ARTICLE IV.

##### Members

IV.1 The members of the Association shall consist of all of the record owners of units in the Seafarer condominium as it may exist from time to time, and in the event of termination of the condominium shall consist of those who are members at the time of such termination and their successors and assigns.

IV.2 After receiving approval of the Association as required by the Declaration of Condominium, change of membership in the Association shall be established by recording in the Public Records of Escambia County, Florida, a deed or other instrument establishing a record title to a unit in Seafarer condominium and the delivery of a certified copy of such instrument to the Association. The owner designated by such instrument thus becomes a member of the Association and the membership of the prior owners is terminated.

IV.3 The share of a member in the funds and assets of the Association cannot be assigned, hypothecated or transferred in any manner except as an appurtenance to his unit.

IV.4 The owner of each unit shall be entitled to one vote as a member of the Association. The manner of exercising voting rights shall be determined by the By-Laws of the Association.

#### ARTICLE V.

##### Directors

V.1 The affairs of the Association will be managed by a board consisting of the number of directors fixed by the By-Laws, but not less than three directors. Directors need not be members of the Association.

V.2 The directors of the Association shall be elected at the annual meeting of the members in the manner specified in the Bylaws. Directors may be removed and vacancies on the Board of Directors shall be filled in the manner provided in the Bylaws.

V.3 The names and addresses of the members of the first Board of Directors, who shall hold office until their successors are elected and have qualified, or until removed, are as follows:

|                             |                                                              |
|-----------------------------|--------------------------------------------------------------|
| <u>Wm. M. Robinson</u>      | <u>3260 Lakeshore Drive</u><br><u>Orlando, FL 32803</u>      |
| <u>Wm. B. Mesmer</u>        | <u>425 Virginia Drive</u><br><u>Winter Park, FL 32789</u>    |
| <u>John M. Myrick</u>       | <u>315 Sweetwater Creek Dr.</u><br><u>Longwood, FL 32750</u> |
| <u>                    </u> | <u>                                    </u>                  |
| <u>                    </u> | <u>                                    </u>                  |
| <u>                    </u> | <u>                                    </u>                  |
| <u>                    </u> | <u>                                    </u>                  |

#### ARTICLE VI.

##### Officers

The affairs of the Association shall be administered by a president, one or more vice-presidents, a secretary, a treasurer, and by an assistant secretary. The officers shall be elected by the Board of Directors at its first meeting following the annual meeting of the members of the Association, and they shall serve at the pleasure of the Board of Directors. The names and addresses of the officers who shall serve until their successors are designated by the Board of Directors are as follows:

|                                           |                        |                                                              |
|-------------------------------------------|------------------------|--------------------------------------------------------------|
| President                                 | <u>Wm. M. Robinson</u> | <u>3260 Lakeshore Drive</u><br><u>Orlando, FL 32803</u>      |
| Vice President and<br>Assistant Secretary | <u>Wm. B. Mesmer</u>   | <u>425 Virginia Drive</u><br><u>Winter Park, FL 32789</u>    |
| Secretary/Treasurer                       | <u>John M. Myrick</u>  | <u>315 Sweetwater Creek Dr.</u><br><u>Longwood, FL 32750</u> |

ARTICLE VII.

Indemnification

Every director and every officer of the Association shall be indemnified by the Association against all expenses and liabilities, including counsel fees, reasonably incurred by or imposed upon him in connection with any proceeding or any settlement of any proceeding to which he may be a party or in which he may become involved by reason of his being or having been a director or officer of the Association, whether or not he is a director or officer at the time such expenses are incurred, except when the director or officer is adjudged guilty of willful misfeasance or malfeasance in the performance of his duties; provided, that in the event of a settlement, the indemnification shall apply only when the Board of Directors approves such settlement and reimbursement as being for the best interests of the Association. The foregoing right of indemnification shall be in addition to and not exclusive of all other rights to which such director or officer may be entitled.

ARTICLE VIII.

Bylaws

The first Bylaws of the Association shall be adopted by the Board of Directors and may be altered, amended or rescinded by the Board of Directors or the membership in the manner provided by the Bylaws.

ARTICLE IX.

Amendments

Amendments to the Articles of Incorporation shall be proposed and adopted in the following manner:

IX.1 Notice of the subject matter of a proposed amendment shall be included in the notice of any meeting at which a proposed amendment is considered.

IX.3 A resolution for the adoption of a proposed amendment may be proposed either by the Board of Directors or by the members of the Association. Directors and members not present in person or by proxy at the meeting to consider the amendment may express their approval in writing, provided such approval is delivered to the Secretary at or prior to the meeting. Except

as hereinafter provided, approval of a proposed amendment must be either by:

a. Not less than sixty percent (60%) of the entire membership of the Board of Directors and not less than sixty percent (60%) of the votes of the members of the Association voting at the particular meeting; or

b. Not less than seventy-five percent (75%) of the votes of the entire membership of the Association; or

c. Until the first election of the Board of Directors, only by all of the Directors of the Association.

IX.4 No amendment shall make any changes in the qualifications for membership nor the voting rights of members, nor any change in Section III.3 of Article III hereof, without approval in writing by all members and the joinder of all record owners of mortgages upon the condominium. No amendment shall be made that is in conflict with the Condominium Act or the Declaration of Condominium.

IX.5 A copy of each amendment shall be certified by the Secretary of State, State of Florida, and be recorded in the Public Records of Escambia County, Florida.

#### ARTICLE X.

##### Term

The term of the Association shall be perpetual.

#### ARTICLE XI.

##### Subscribers

Wm. B. Robinson

3260 Lakeshore Drive

Wm. B. Robinson

Orlando, FL 32803

J. M. M. M.

425 Virginia Drive

Winter Park, FL 32789

315 Sweetwater Creek Dr.

Longwood, FL 32750

IN WITNESS WHEREOF, the subscribers have hereunto affixed  
their signatures this 15th day of October A.D., 1976.

Wm. H. Robinson

Wm. B. Mesmer

John M. Myrick

STATE OF FLORIDA)  
COUNTY OF ORANGE)

BEFORE ME, the undersigned authority, a notary public in  
and for the State of Florida at large, on this day personally  
appeared Wm. H. Robinson, Wm. B. Mesmer  
and John M. Myrick, known to me and know to be the  
persons who made and subscribed the foregoing Articles of Incorpora-  
tion and they acknowledged before me that they made, subscribed  
and executed said Articles of Incorporation for the uses and  
purposes therein expressed.

WITNESS my signature and official seal at Orlando, Orange  
County, Florida, this 15th day of October, A.D., 1976.

Richard B. Walker

Notary Public, State of Florida

My Commission Expires: Nov 13 1978

REGISTERED OFFICE

Perdido Development, Inc.  
Suite 1526, CNA Tower  
255 S. Orange Avenue  
Orlando, Florida 32802

REGISTERED AGENT

John M. Myrick  
Secretary-Treasurer  
Perdido Development, Inc.

Secretary-Treasurer  
Seafarer Owners Association, Inc.

John M. Myrick

737159

PRINTOUT SENT \_\_\_\_\_

LETTER SENT \_\_\_\_\_

CUS \_\_\_\_\_

REINSTATEMENT

FILED 11-7-88

INVOLUNTARILY

DISSOLVED 12-1-77

REINSTATEMENT

CUS 5

Registered Agent

Overpayment

72 Privilege Tax

73 Annual Report

74 Annual Report

75 Annual Report

76 Annual Report

77 Annual Report

78 Annual Report

79 Annual Report

80 Annual Report

81 Annual Report

82 Annual Report

83 Annual Report

84 Annual Report

85 Annual Report

86 Annual Report

87 Annual Report

88 Annual Report

TOTAL

REFUND

CR2E054 (12-87)

11/09/88 00016  
REINSTATEMENT  
REINSTATEMENT  
ANNUAL REPORT  
CERT/PHOTO COPY  
TOTAL

11/09/88 00019  
REINSTATEMENT  
ANNUAL REPORT  
TOTAL

NAME AVAILABLE

REINSTATED BY

UPDATER

UPDATER VERIFYER

737159

## CORPORATION

ANNUAL REPORT  
1988FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Filing Fee of \$25 Required -- Make Checks Payable To Secretary of State

Name and Address of Corporation Principal Office

Seafarer Owners' Association  
16401 Perdido Key Dr.  
Pensacola, Fl. 32507

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address on item 2. Include Zip Code.

Date Incorporated or Qualified to Do Business in Florida

Oct. 27, 1976

Federal Employer

Identification Number (FEIN) 59-1755115

5. Date of

Last Report

1977

Names and Street Addresses of Each Officer and Director as of December 31, 1987

Names of Officers and Directors

2. Title

3. Street Address of Each Officer and Director. Do NOT Use Post Office Box Numbers.

4. City and State

Cecil Colon

Pres.

Apt 504

16401 Perdido

Key Pensacola, Fl. 32507

Jack Blackwell

Sec.

Apt 402

16401 Perdido

Key Pensacola, Fl. 32507

William Meriwether

Tres.

Apt 102

16401 Perdido

Key Pensacola, Fl. 32507

Gene Moor

V Pres.

Apt 308

16401 Perdido

Key Pensacola, Fl. 32507

## REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

B. Name and Address of New Registered Agent

Name A1

Cecil Colon

Street Address 1 (Do NOT Use P.O. Box Number) B2

16401 Perdido Key Dr. Apt 504

Street Address 2 (Do NOT Use P.O. Box Number) B3

City and State B4

Pensacola

FL

Zip Code B5  
32507

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors or:

and/or accept the appointment of registered agent. I am a member, and accept the obligations of Section 607.035 FS.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE Oct 22 1988

If a former corporation, give full description of business in Florida.

See signature restrictions under instructions on reverse side of this form.

I certify that I am an Officer or Director of the Corporation, or a Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 FS.

Enter Date by Which I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

(If a Director, signature must be made in Block A1.)

Cecil K. Colon

President

Date

Oct 22 1988

Filing Number

(904) 492-1684

\$5 Additional Fee  
required for  
each page.

CR-03A (1-88)

# SEAFARER OWNERS' ASSOCIATION

## OFFICERS AND DIRECTORS

1988 - 1989

Cecil Colon

President

Gene Moor

Vice President

Jack Blackwell

Secretary

Bill Meriwether

Treasurer

John Matthews

A. W. Jones

Jayne Mackey

Polly Baranco

Ron Yeakle

## BOARD MEETINGS

8 A.M. Saturday, December 3, 1988.....Budget

8 A.M. Saturday, April 22, 1989

8 A.M. Saturday, July 1, 1989..... July Fourth

8 A.M. Saturday, September 2, 1989....Board Meeting

10 A.M. Saturday, September 2, 1989....Annual Owners' Meeting

## COMMITTEES

Building.....Ron Yeakle

Grounds.....Kitty Watkins

Pool.....Mini Batson

Rental.....Bill Meriwether

Insurance.....John Matthews

Tennis.....Cecil Colon

Boat Dock.....Jack Blackwell

Legal.....George Wright

Rules.....Mary Miller

General.....Polly Baranco





DIVISION OF CORPORATIONS  
NOTICE OF INCOMPLETE ANNUAL REPORT

MAY 15, 1989

737159

4

SEAFARER OWNERS ASSOCIATION, INC.  
16401 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507

Your 1989 Corporation Annual Report has been received by the Department of State. Section 607.357(1)(d), Florida Statutes requires you to include your Federal Employer Identification (FEI) number when filing the annual report. Our computer record indicates this information was not included on the above named corporation's annual report therefore it is considered incomplete. Please insert your FEI number in the lower portion of this notice and return to:

Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

There is no additional fee to include the FEI number in the corporation's permanent record.

DOCUMENT NUMBER 737159 4

CORPORATION NAME SEAFARER OWNERS ASSOCIATION, INC.

FEDERAL EMPLOYER IDENTIFICATION NUMBER 5 9 - 1 7 5 5 1 1 5

FEDERAL EMPLOYER IDENTIFICATION NUMBER APPLIED FOR: YES ☐ NO ☐

IF YOU DO NOT HAVE AN FEI NUMBER, GIVE EXPLANATION: \_\_\_\_\_

Signature of Officer or Director

**NOTICE: THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO  
JULY 15, 1989 OR THIS CORPORATION'S ANNUAL REPORT WILL BE CONSIDERED  
INCOMPLETE AND INACCURATE.**

**Abstract**

Secretary of State  
DIVISION OF CORPORATIONS

1964 15 PM 3:15

1. *Journal of the American Medical Association*, 2000; 283: 2669-2674.

737159 4

**ZIP + 4 PRESORT**

SEAFARER OWNERS ASSOCIATION, INC.  
16401 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507-9357

If above address is incorrect in any way enter the correct address in Set 2. Include Zip Code.

Reported or Suspected  
Cases in Florida

4 FBI Number **59-1755115**

FBI Number Approx: [redacted]  
FBI Number Not At: [redacted]

1. **Short Addresses of Each Officer and Director** (Do not use any correction tape or fluid to cover over incorrect information.)

| 2   | Names of Officers and Directors | 3<br>Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | 4<br>City and State |
|-----|---------------------------------|---------------------------------------------------------------------------------------|---------------------|
| P/D | COLON, CECIL                    | 16401 PERDIDO KEY DR.                                                                 | PENSACOLA, FL       |
| S/D | BLACKWELL, JACK                 | 16401 PERDIDO KEY DR.                                                                 | PENSACOLA, FL       |
| T/D | MERIWETHER, WILLIAM             | 16401 PERDIDO KEY DR.                                                                 | PENSACOLA, FL       |
| V/D | MOOR, GENE                      | 16401 PERDIDO KEY DR.                                                                 | PENSACOLA, FL       |

**B Name and Address of New Fingerprint Agent**

\* Name and Address of Current Remittance Agent

443731 A1

Ronald Yeakle

Street Address: 1 (Do NOT Use P.O. Box Number) 827

16401 Perdido Key ( Apt 604 )

Send Address 2 (Do NOT Use P.O. Box Number) B3

Pensacola, Fl. 32507

City and State: 82

**Zu Coca 21**

FL

\*As the predecessor of Sections §§603A and §607.937, Florida Statutes, it is a non-profit corporation incorporated under the laws of the State of Florida, exempt from income tax under Section 513(c)(3) of the Internal Revenue Code, and has no employees or independent contractors. It is not holding its registered office or registered agent or both in the State of Florida.

no evidence to indicate that the use of the

...S... ..

X Ronald Yeable  
 (Proprietor) Real Estate Learning Association

DATE 3-27-90

I, the undersigned, declare that the annual report or supplemental report is true and accurate, and that my signature shall have the same legal effects as if I had personally signed the same. I am aware of the responsibility of the undersigned to ensure the accuracy of the report as required by Chapter 607, F.S.

Ronald Yeakle

President

Open

3-16-90

### Training and Development

904 492 1830

**\$5 Additional Fee**  
required for a  
**Certificate of Status**

This is Cushing A Minor Jr

Postage -

#9 Remalo Yeakle is THE  
NEW REGISTERED AGENT

#9 Remalo Yeakle is THE  
NEW PRESIDENT

Remalo Yeakle has  
SIGNED ABOUT EVERY LINE  
WHICH LEFT

**FILE HERE** AMOUNT DUE \$61.25 OR CORPORATION WILL BE  
DISSOLVED ON OR AFTER OCTOBER 9, 1991.

CORPORATION

ANNUAL REPORT  
1991



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

APPROVED  
FL. DEPT. OF STATE  
CORPORATION DIV.  
TALLAHASSEE, FL.  
FILED

**FILING FEE OF \$61.25 REQUIRED**

Name and Mailing Address of Corporation

DOCUMENT # 737159 (4)

ZIP + 4 PRESORT

SEAFARER OWNERS ASSOCIATION, INC.  
16401 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507-9357

DO NOT WRITE IN THIS SPACE

2. If Address in Block 1 is incorrect in any way, file through the  
incorrect information and enter the correct address below. If  
Box is acceptable. The NAME of the corporation can be changed  
only by filing an amendment.

21. Street Address

22. P.O. Box No.

23. City and State

24. Zip Code

2. Above address is incorrect in any way, file through the incorrect information and enter correct address in Block 2

Date Incorporated or Qualified  
To Do Business in Florida

10/27/1976

4. FEI Number

59-1755115

FEI Number Applied For

\$8.75

FEI Number Not Applicable

CERTIFICATE OF STATUS DESIRED

Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

| Title | Names of Officers and Directors | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State |
|-------|---------------------------------|----------------------------------------------------------------------------------|----------------|
| P/D   | COLON, CECIL                    | 16401 PERDIDO KEY DR.                                                            | PENSACOLA, FL  |
| S/D   | BLACKWELL, JACK                 | 16401 PERDIDO KEY DR.                                                            | PENSACOLA, FL  |
| T/D   | MERIWETHER, WILLIAM             | 16401 PERDIDO KEY DR.                                                            | PENSACOLA, FL  |
| V/D   | MOOR, GENE                      | 16401 PERDIDO KEY DR.                                                            | PENSACOLA, FL  |
| D     | Ronald Yeakle                   | 16401 PERDIDO KEY                                                                | Pensacola FL   |

**REGISTERED AGENT INFORMATION**

Name and Address of Current Registered Agent

YEAKLE, RONALD  
16401 PERIDO KEY, APT 604  
PENSACOLA, FL 32507

AGENT STAYS  
THE SAME

B. Name and Address of Former Registered Agent

|                                                   |     |
|---------------------------------------------------|-----|
| 21. Name                                          |     |
| 22. Street Address (Do NOT Use P.O. Box Number)   |     |
| 23. Street Address 2 (Do NOT Use P.O. Box Number) |     |
| 24. City                                          | FL. |
| 25. Zip Code                                      |     |

I, the undersigned, being a resident of this State, do hereby certify that the above-named corporation is a corporation organized under the laws of the State of Florida. Such change was authorized by the corporation's board of directors.

SIGNATURE

(Agent Accepting Appointment)

DATE

8-21-91

I, the undersigned, being a resident of this State, do hereby certify that the above-named corporation is a corporation organized under the laws of the State of Florida. Such change was authorized by the corporation's board of directors.

Ronald Yeakle

DIRECTOR

Signature Number D-100

(904) 492-0822

**FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State** \$8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE  
DELINQUENT AFTER JULY 1ST.

ANNUAL REPORT  
1992



FILING FEE \$61.25 Make Payable To: Secretary of State

DOCUMENT #737159 (4)

SEAFARER OWNERS ASSOCIATION, INC.  
18401 PERDIDO KEY DRIVE  
PENSACOLA FL 32507-9357

2. Address in Book for Mailing Address (If different from the address on the front of the document, the address on the back of the document must be used for mailing address.)

21. Mailing Address

22. City and State

23. City and State

24. City and State

3. Date of Incorporation (If different from the date on the front of the document, the date on the back of the document must be used for incorporation date.)

10/27/1976

4. FFI Number

59-1755115

Last Report  
09/10/1991

FFI Number

FFI Number

5. Street Address of Each Officer and Director (If different from the address on the front of the document, the address on the back of the document must be used for street address.)

| 1. Name of Officer or Director | 2. Street Address of Each Officer and Director (If different from the address on the front of the document, the address on the back of the document must be used for street address.) | 3. City and State |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| P/B COLON, CECIL               | 18401 PERDIDO KEY DR.                                                                                                                                                                 | PENSACOLA, FL     |
| S/D BLACKWELL, JACK            | 18401 PERDIDO KEY DR.                                                                                                                                                                 | PENSACOLA, FL     |
| T/D MERTWETHER, WILLIAM        | 18401 PERDIDO KEY DR.                                                                                                                                                                 | PENSACOLA, FL     |
| V/D MOOR, GENE                 | 18401 PERDIDO KEY DR.                                                                                                                                                                 | PENSACOLA, FL     |
| D YEAKLE, RONALD               | 18401 PERDIDO KEY                                                                                                                                                                     | PENSACOLA, FL     |

#### REGISTERED AGENT INFORMATION

YEAKLE, RONALD  
18401 PERIDO KEY, APT 604  
PENSACOLA, FL 32507

6. Name and Address of Registered Agent

61. Name

62. Street Address (Do NOT use P.O. Box Number)

63. Street Address (Do NOT use P.O. Box Number)

64. City

65. State

FL

7. Signature of Registered Agent (If different from the signature on the front of the document, the signature on the back of the document must be used for signature.)

8. Signature of Registered Agent (If different from the signature on the front of the document, the signature on the back of the document must be used for signature.)

9. Signature of Registered Agent (If different from the signature on the front of the document, the signature on the back of the document must be used for signature.)

10. Signature of Registered Agent (If different from the signature on the front of the document, the signature on the back of the document must be used for signature.)

11. Signature of Registered Agent (If different from the signature on the front of the document, the signature on the back of the document must be used for signature.)

12. Signature of Registered Agent (If different from the signature on the front of the document, the signature on the back of the document must be used for signature.)

13. Signature of Registered Agent (If different from the signature on the front of the document, the signature on the back of the document must be used for signature.)

1992

03 MAY -1 13 0 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT

1993



1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840.

U.S. GOVERNMENT PRINTING OFFICE: 1969 O - 348-091 DOCUMENT # 737159 (4)

SEAFARER OWNERS ASSOCIATION, INC.  
16401 PERDIDO KEY DR  
PENSACOLA FL 32507-9310

ENJOY THE VIEW AS YOU WALK

|                                 |                    |
|---------------------------------|--------------------|
| 3. Date Independent of Domestic | 3a. Date of Report |
| 10/27/1976                      | 07/02/1992         |

4. Filing date  
**591755115**

|            |                                                               |
|------------|---------------------------------------------------------------|
| FILING FEE | ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE |
| \$200.00   | MAKE CHECK PAYABLE TO DEPARTMENT OF STATE                     |

|                                                 |                     |         |    |                                 |    |
|-------------------------------------------------|---------------------|---------|----|---------------------------------|----|
| 21                                              | 21. Mailing Address |         | 26 | 26. Principal Place of Business |    |
| 22                                              | 22. Mailing #, etc. |         | 27 | 27. State #, etc.               |    |
| 23                                              | 23. State           |         | 28 | 28. City & State                |    |
| 24                                              | 25                  | Country | 29 | Zip                             | 30 |
| 9. Name and Address of Current Registered Agent |                     |         |    |                                 |    |

|                                        |                                    |
|----------------------------------------|------------------------------------|
| 5. Certificate of Status (Required)    | \$8.75 (Add to Fee)                |
| 6. Certificate of Status (Required)    | \$5.00 (Add to Fee)                |
| 7. Nonresident with this in (Required) | \$130.75 (Supply Fee Not Required) |

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YEAKLE, RONALD  
18401 PERIDO KEY, APT 604  
PENSACOLA FL 32507

|    |                                                 |            |    |          |
|----|-------------------------------------------------|------------|----|----------|
| 81 | Name                                            | [Redacted] |    |          |
| 82 | Blood Alcohol (BAC) (See 74 for acceptable BAC) | [Redacted] |    |          |
| 83 | [Redacted]                                      |            |    |          |
| 84 | City                                            | FL         | 85 | Zip Code |
|    |                                                 |            | 86 | County   |

11 The 1971-1972, 1973-1974, 1975-1976, 1977-1978, and 1979-1980 Brachycephalus eximius samples were collected from the same area as the 1970-1971 samples. The 1971-1972 sample was collected from the same area as the 1970-1971 sample. The 1973-1974 sample was collected from the same area as the 1970-1971 sample. The 1975-1976 sample was collected from the same area as the 1970-1971 sample. The 1977-1978 sample was collected from the same area as the 1970-1971 sample. The 1979-1980 sample was collected from the same area as the 1970-1971 sample.

1243

| 12 | NAME AND ADDRESS                                                         |
|----|--------------------------------------------------------------------------|
|    | P<br>COLON, CECIL<br>18401 PERDIDO KEY DR.<br>PENSACOLA FL               |
|    | SEC DR<br>BLACKWELL, JACK<br>18401 PERDIDO KEY DR.<br>PENSACOLA FL       |
|    | TRES DR<br>MERTINETHER, WILLIAM<br>18401 PERDIDO KEY DR.<br>PENSACOLA FL |
|    | V DACC DR<br>MOOR, GENE<br>18401 PERDIDO KEY DR.<br>PENSACOLA FL         |
|    | D12<br>YEARLE, RONALD<br>18401 PERDIDO KEY<br>PENSACOLA FL               |

| 13. OFFICIAL OPERATIONS |  |
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| 13-0100                 |  |

SIGNATURE

Paul Smith

4-21-73

761 1178 C. J. J.



# APPLICATION FOR REFUND OF FLORIDA

737159

Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

Name: SEAFARER OWNERS ASSOCIATION, INC.

Address: 16401 PERIDO KEY DRIVE

PENSACOLA, FL 32507

Amount: \$77.50 \$ 68.75 <sup>SP1</sup>

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim: Overpayment of A/R fees - 737159

Section: A/R Clerk: S.Toner Date Processed: 05-23-94

CERTIFIED TRUE AND CORRECT this 21 day of JUNE, 19 94.

*William M. Toner*  
Signature

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: \_\_\_\_\_

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim.

The amount recommended \$ 77.50 68.75 <sup>SP1</sup>

The amount requested above was originally deposited into the State Treasury. State Treasurer's Receipt # 95477/016, Dated 05-01-94.

NAME OF ACCOUNT:

| SAMAS ACCOUNT CODE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Statutory Authority for Collection 607.36

It is requested that payment be made from:

NAME OF ACCOUNT:

| SAMAS ACCOUNT CODE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Certified True and Correct this 14th day of July, 19 94.

Dept. of State, Div. of Corporations  
Agency

*Cileen Sherlock*  
Authorized Signature and Title (SAL)

Section 215.26 states, in part: "Application for refund as provided by this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is interpreted as meaning three years from the date of payment into the State Treasury.

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

OFFICIAL REPORT  
1995



DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
Tallahassee, Florida

APPROVED  
AND  
FILED

95 MAY -1 AM 9:55

DOCUMENT # 737159 (4)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEAFARER OWNERS ASSOCIATION, INC.

Place of Business  
16401 PERDIDO KEY DRIVE  
PENSACOLA FL 32507

Residing Address  
16401 PERDIDO KEY DRIVE  
PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

|                                                                                          |                                                                     |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1. Date incorporated or created<br>10/27/1976                                            | 3a. Date of last renewal<br>05/01/1994                              |
| 4. Filing number<br>58-175515                                                            | Accepted For<br>Filing Number                                       |
| 5. Certificate of Status Central<br>22                                                   | \$0.75 Additional<br>Fee Required                                   |
| 6. Election Under Chapter 607, Florida Statutes<br>Trust Fund Corporation                | \$5.00 May Be<br>Added to Fees                                      |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status                                     | \$68.75 Supplemental<br>Fee Not Required                            |
| 8. This corporation has taken the appropriate tax steps to 1995-1996<br>Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                      |                                                                     |
|----------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Place of Business<br>21. State<br>22. City & State<br>23. Country | 2a. Mailing Address<br>26. State<br>27. City & State<br>28. Country |
| 24. Country                                                          | 29. Zip                                                             |

9. Name and Address of Current Registered Agent  
COOK, CAMILLE  
16401 PERDIDO KEY  
PENSACOLA FL 32507

|                                                  |
|--------------------------------------------------|
| 10. Name and Address of New Registered Agent     |
| 01. Name                                         |
| 02. Street Address P.O. Box Number & New Address |
| 03. City                                         |
| 04. State                                        |
| 05. Zip                                          |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 for the corporation and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

| 12. OFFICERS AND DIRECTORS |                                                             | 13. ADDITIONAL CHARGES TO OFFICERS AND DIRECTORS |                                                            |
|----------------------------|-------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------|
| 12.1 NAME                  | P<br>MILLER, GENE<br>16401 PERDIDO KEY<br>PENSACOLA FL      | 13.1 TITLE                                       | <input type="checkbox"/> Change <input type="checkbox"/> A |
| 12.2 ADDRESS               | SD<br>MCGOWIN, STEVE<br>16401 PERDIDO KEY<br>PENSACOLA FL   | 13.2 NAME                                        | <input type="checkbox"/> Change <input type="checkbox"/> A |
| 12.3 ADDRESS               | TD<br>YEAKLE, DOT JANE<br>16401 PERDIDO KEY<br>PENSACOLA FL | 13.3 STREET ADDRESS                              | <input type="checkbox"/> Change <input type="checkbox"/> A |
| 12.4 ADDRESS               | VD<br>COOK, CAMILLE<br>16402 PERDIDO KEY<br>PENSACOLA FL    | 13.4 CITY & STATE                                | <input type="checkbox"/> Change <input type="checkbox"/> A |
| 12.5 ADDRESS               | D<br>MATTHEWS, JOHN<br>16401 PERDIDO KEY<br>PENSACOLA FL    | 13.5 TITLE                                       | <input type="checkbox"/> Change <input type="checkbox"/> A |
| 12.6 ADDRESS               |                                                             | 13.6 NAME                                        | <input type="checkbox"/> Change <input type="checkbox"/> A |
| 12.7 ADDRESS               |                                                             | 13.7 STREET ADDRESS                              | <input type="checkbox"/> Change <input type="checkbox"/> A |
| 12.8 ADDRESS               |                                                             | 13.8 CITY & STATE                                | <input type="checkbox"/> Change <input type="checkbox"/> A |
| 12.9 ADDRESS               |                                                             | 13.9 TITLE                                       | <input type="checkbox"/> Change <input type="checkbox"/> A |
| 12.10 ADDRESS              |                                                             | 13.10 NAME                                       | <input type="checkbox"/> Change <input type="checkbox"/> A |
| 12.11 ADDRESS              |                                                             | 13.11 STREET ADDRESS                             | <input type="checkbox"/> Change <input type="checkbox"/> A |
| 12.12 ADDRESS              |                                                             | 13.12 CITY & STATE                               | <input type="checkbox"/> Change <input type="checkbox"/> A |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief and that the same shall have the same legal effect as if made by the person named in the filing.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR