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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 756961 (9)

1. Corporation Name

THE ADMIRALTY, INC.

Principal Place of Business	Mailing Address
2515 BAY BLVD. #C INDIAN ROCKS BEACH FL 33785 US	C/O TROPICAL ISLES REALTY 2117 GULF BLVD. INDIAN ROCKS BEACH FL 33785-3814 US

3. Date Incorporated or Qualified: 03/26/1981	3a. Date of Last Report: 07/16/1996
4. FEI Number: 59-2100836	☐ 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 2511 Bay Blvd #C	26 40 Tropical Isles Realty
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Indian Rocks Beach, Fl 33785	27 2117 Gulf Blvd
City & State	City & State
23	28 Indian Rocks Beach, FL
Zip / Country	Zip / Country
24 / 25 US	29 33785-3814 / 30 US

9. **Name and Address of Current Registered Agent**

OSKARSSON, LIEF
2515 BAY BLVD. #C
INDIAN ROCKS BEACH FL 33785

10. **Name and Address of New Registered Agent**

81 Name: Rex McKinney
82 Street Address (P.O. Box Number is Not Acceptable): 2511 Bay Blvd unit C
83: Indian Rocks Beach
84 City: FL 85 Zip Code: 33785

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: Rex m Kinney — 3-5-97
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	P/D	☒ DELETE	1.1 TITLE	Rex McKinney, President/Director	☐ Change ☐ Addition
NAME	OSKARSSON, LIEF		1.2 NAME		
STREET ADDRESS	2515 BAY BLVD. #C		1.3 STREET ADDRESS	2511 Bay Blvd unit C	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785		1.4 CITY-ST-ZIP	Indian Rocks B	
TITLE	S/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCLEAN, JUDIE		2.2 NAME		
STREET ADDRESS	15TH AVE., #501		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BCH FL 33785		2.4 CITY-ST-ZIP		
TITLE	T/D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POORMAN, JILL		3.2 NAME		
STREET ADDRESS	2515 BAY BLVD. #C		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Rex m Kinney REQUIRED — 3-5-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0052266