


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 14 1998 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # H37837 (2)
1. Corporation Name
OCEAN & GULF VENTURES, INC.



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|--|---|
| Principal Place of Business 1035 A ROAD LA BELLE FL 33935 US | Mailing Address P.O. BOX 1376 LA BELLE FL 33975-1375 US |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 19800 SKIPPER RD. Suite, Apt. #, etc. | | 2a. Mailing Address 26 19800 SKIPPER RD Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 01/10/1985 | |
| 22 City & State 23 NO. FT. MYERS, FL. | | 27 City & State 28 NO. FT. MYERS, FL. | | 4. FEI Number 59-2646262 | |
| 24 33917-4832 25 USA | | 29 33917-4832 30 USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 9. Name and Address of Current Registered Agent MEYER, JEFFREY B. KEY DEER BLVD RT. 5 BOX 8 BIG PINE KEY FL 33043 | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. Name and Address of New Registered Agent | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|--|--|
| 81 Name | | 10. Name and Address of New Registered Agent | |
| 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 _____ 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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WORTHINGTON, EDWARD P., | 1.2 NAME | |
| STREET ADDRESS | 310 CALZADA DE BOUGANVLL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARATHON FL 33050 | 1.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WORTHINGTON, EDWARD P., | 2.2 NAME | |
| STREET ADDRESS | P.O. BOX 1376 N/A | 2.3 STREET ADDRESS | 19800 SKIPPER RD |
| CITY-ST-ZIP | LA BELLE FL | 2.4 CITY-ST-ZIP | N. Ft. MYERS, FL. 33917-4832 |
| TITLE | DP <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WORTHINGTON, ALENA | 3.2 NAME | |
| STREET ADDRESS | P.O. BOX 1376 N/A | 3.3 STREET ADDRESS | 19800 Skipper RD. |
| CITY-ST-ZIP | LA BELLE FL | 3.4 CITY-ST-ZIP | N. Ft. MYERS, FL. 33917-4832 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward P. Worthington **STD** Date: **4-06-98** Daytime Phone #: **941-543-8252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)