

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 9:55

DOCUMENT # H68924

(0)

1. Corporation Name

OCEAN REEF TRAVEL, INC.

Principal Place of Business

31 OCEAN REEF DR., SUITE A-100
KEY LARGO FL 33037

Mailing Address

31 OCEAN REEF DR., SUITE A-100
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1985

3a. Date of Last Report

03/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Country

Country

24

25

29

30

4. FEI Number

59-2602762

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 § 190.002,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAVES, ROBERT
TESCHER, CHAVES & HOCHMAN
9100 S DADELAND BLVD., PH1
MIAMI FL 33156

81 Name

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARRIER, SANDRA
STREET ADDRESS	31 OCEAN REEF DR., A-101
CITY ST ZIP	KEY LARGO FL 33037
TITLE	STD
NAME	CARRIER, CRAWFORD
STREET ADDRESS	31 OCEAN REEF DR A-100
CITY ST ZIP	KEY LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN & PRESIDENT	☒ Change ☐ Addition
1.2 NAME	CRAWFORD, CARRIER	
1.3 STREET ADDRESS	31 OCEAN REEF DR STE A-101	
1.4 CITY - ST - ZIP	KEY LARGO FL 33037	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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

SIGNATURE:

Sandra B. Morthum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/95

3-5567-2336

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**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # H70284 (5)

1. Corporation Name

R. COBB CONSTRUCTION COMPANY, INC.

Principal Place of Business

**8617 69 ST N.
PINELLAS PARK FL 34666**

Mailing Address

**8617 69 ST N.
PINELLAS PARK FL 34666**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1985

3a. Date of Last Report

04/18/1994

2. Principal Place of Business

21 9100 126th Ave N

2a. Mailing Address

25 9100 126th Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2670493

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**

9. This corporation has liability for intangible tax under s. 199 (332)
Florida Statutes ☒ Yes ☐ No

23 City & State

Largo Florida

27 City & State

Largo Florida

24 Zip

34643

25 Country

Pinellas

29 Zip

34643

30 Country

Pinellas

9. Name and Address of Current Registered Agent

**COBB, RALPH G.
409 CROSSWINDS DR
PALM HARBOR FL 34683**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when operating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**V
COBB, RALPH G.
4724 INNISFIL ST
PALM HARBOR FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
COBB, EUGENE
8617 69TH ST N
PINELLAS PK FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-95 (813) 584-4962

Date (Day/Month/Year)