

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # H92205

(4)

95 JAN 20 PM 1:40

1. Corporation Name

HI-TIDE SALES, INC.

Principal Place of Business

% DONALD M. WOOD, II
4050 SELVITZ RD.
FT. PIERCE FL 34981

Mailing Address

% DONALD M. WOOD, II
4050 SELVITZ RD.
FT. PIERCE FL 34981

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/26/1985		3a. Date of Last Report 02/10/1994	
21		26		4. FEI Number 65-0095393		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

GOUGE, HOWARD E
401 E OSCEOLA ST
STUART FL 34994

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	B5 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, DONALD M. II	1.2 NAME	
STREET ADDRESS	4050 SELVITZ RD	1.3 STREET ADDRESS	
CITY- ST- ZIP	FT. PIERCE FL	1.4 CITY- ST- ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, RICHARD R	2.2 NAME	
STREET ADDRESS	2571 SE PRICE CT	2.3 STREET ADDRESS	
CITY- ST- ZIP	PORT ST LUCIE FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	ROBERT OWENS
STREET ADDRESS		3.3 STREET ADDRESS	4050 SELVITZ RD
CITY- ST- ZIP		3.4 CITY- ST- ZIP	FT. PIERCE, FL, 34981
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I, the undersigned, 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 supplementary 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(RICHARD R. GREENE

1/16/95

407-461-4660