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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saudra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

H97200

(0)

1. Corporation Name
TORCH KEY MARINA, INC.

Principal Place of Business

Mailing Address



| MILE MARKER 28 1/2. US 1 LITTLE TORCH KEY FL 33042 | | MILE MARKER 28 1/2. US 1 LITTLE TORCH KEY FL 33042 | | | | |
|--|---|---|------------------------|----------------------------------|--|---|
| | | | | | 3. Date Incorporated or Qualified 02/03/1986 | 3a. Date of Last Report 06/23/1995 |
| 2. Principal Place of Business 21 20530 OVERSEOS HWY 26 | | | | | 4. FEI Nuniber 65-0098342 | Applied For Not Applicable |
| Suite, Apt. #, etc Suite, Apt. #, etc 27 | | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Little Torch Key FL 28 City & State | | | | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| 24 33043 25 24 33043 25 | | 4 | Country 30 | | 1 | □No |
| 9, Mattie air | d Address of Current Reg | istered Agent | 81 | Name | 10. Name and Address of New R | egistered Agent |
| LOVERING, CHARLES B. RT. 4, BOX 1038, MM 28 1/2 U.S. HWY. #1 LITTLE TORCH KEY FL 33043 | | | 82 | | iss (P.O. Box Number is Not Acceptab | lə) |
| | | | 83 | | | |
| | | | 84 | , | | FL 85 Zip Code |
| or registered agent, or bot | of Sections 607,0502 and 6 th, in the State of Florida, Su- he obligations of, Section 60 | ch change was authorze | ea by the corp | named corpora oration's board | tion submits this statement for the pur d of directors. Thereby accept the appo | pose of changing its registered office entruent as registered agent. Fam |
| SIGNATURE | intername of registered agent and the | | | if signal are required: | when the grid at | DATE |
| 12. | OFFICERS AND DIRE | | 13. | | ADDITIONS/CHANGES TO OFFI | |
| TILE PMD | | DELETE | 1 TITLE | | | Change Addition |
| | ig, charles b. | | 1.2 NAME | | | _ , |
| STREET ADDIRESS RT 4, BO | | | 1.3 STREET | ADDRESS | | |
| CITY-ST-ZIP LITTLE TO | ORCH KEY FL | | 1.4 CITY - S | | | |
| TITLE STD | | DELETE | 2 1 TIFLE | | | Change Adoition |
| NAME LOVERIN | ig, Jean M. | - | 2.2 NAMÉ | | | <u></u> |
| STREET ADDRESS RT 4, BO | X 1038 | | 2.3 STREET | ADDRESS | | |
| CITY-ST-ZIP LITTLE TO | ORCH KEY FL | | 2.4 Cily - S | | | |
| TIJLE | | [] DELETE | | | | Change Addition |
| NAME | | C .2 | 3.2 NAME | | | |
| STREET ADDRESS | | | 33 SIREE | Annaros | | |
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| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 43 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | 44 C-TY - S | | | |
| TITLE | | DELETE | 5 1 Till | 1-715 | | Change Addition |
| NAME | | | 5.2 NAME | | | _ onunge _ nounce. |
| STREET ADDRESS | | | 5.3 STHEET | Monocco | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | DELETE | 5.4 CHY-S 6.1 TITLE | 1 - 719 | | Change Addition |
| NAME | | - Detter | 6 2 NAME | | | Change LI Addition |
| STREET ADORESS | | | | | | |
| CITY-ST-ZIP | | | 63 STREET | | | |
| | information supplied with thi | s filog is voluntariy fumi | 6.4.0Hy-S | 1 - ZIP | r the exemption stated in Section 119.0 | O7/Quild Florela Ctatuta a Lituation |

44. 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 Chanter 607, Florida Statutes, and that my name appears in Block 12 or Bigs? 13 A changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

305-872-2685