**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

95 APR 13 PM 2:09

DOCUMENT # K05227 (9)

1. Corporation Name
J. P. BOAT CRUISES, INC.

Principal Place of Business
~~END OF 1ST STREET~~
~~SPORTSMAN MARINA~~
~~MOORE HAVEN FL 33471~~
~~US~~

Mailing Address
~~P. O. BOX 1101~~
~~MOORE HAVEN FL 33471~~
~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/03/1987
3a. Date of Last Report: 07/25/1994

2. Principal Place of Business
21 200 Upper Lake View DR
Suite, Apt. #, etc.
22 T. Dock
City & State
23 Pahokee Fl
Zip 24 33476
Country 25 Palm Bch

2a. Mailing Address
26 P. O. Box 642
Suite, Apt. #, etc.
27
City & State
28 Pahokee, Fl
Zip 29 33476
Country 30 Palm Bch

4. FEI Number: 65-0024913 — 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 C. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PLEDGER, JAMES I., SR.
P. O. BOX 1101
MORE HAVEN FL 33471

10. Name and Address of New Registered Agent
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 resigning) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 1 1 TITLE | P | ☒ Change ☐ Addition |
| NAME | PLEDGER, JAMES I., SR. | 1 2 NAME | Pledger James I SR | address change only |
| STREET ADDRESS | ~~END OF 1ST STREET, SPORTSMAN MARINA~~ 200 Upper Lake View DR. | 1 3 STREET ADDRESS | P.O. Box 642 | |
| CITY-ST-ZIP | ~~MOORE HAVEN FL~~ | 1 4 CITY-ST-ZIP | Pahokee, Fl 33476 | |
| TITLE | P.O. Box 642 | 2 1 TITLE | | ☐ Change ☐ Addition |
| NAME | Pahokee Fl. 33476 | 2 2 NAME | | |
| STREET ADDRESS | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 2 4 CITY-ST-ZIP | | |
| TITLE | | 3 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3 2 NAME | | |
| STREET ADDRESS | | 3 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3 4 CITY-ST-ZIP | | |
| 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J.I. PLEDGER SR APRIL 10, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF BIGHIN OFFICER OR DIRECTOR Date Daytime Phone #

0439363 FP