

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Samuel R. Mason
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY - 1 PM 11:34

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K33844**

(7)

1. Corporation Name

TIDES INN, INC.

2. Principal Office Address

**1824 FLAGLER AVE.
KEY WEST FL 33040**

3. Mailing Address

**1824 FLAGLER AVE
KEY WEST FL 33040**

2. Director of the Corporation

21

2a. Mailing Address

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Name, Apt. # etc.

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City & State

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9. Name and Address of Current Registered Agent

**SANCHEZ, JULIA W
1824 FLAGLER AVE
KEY WEST FL 33040**

3. Date of Incorporation

09/23/1988

3a. Date of Last Report

04/28/1994

4. FID Number

65-0073208

Applied For

Not Applicable

5. Certificate of Status (Fees)

**\$8.75 Additional
Fee Required**

6. Director Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. The corporation has adopted a policy plan to comply with the
requirements of the Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address

83. City

84. State

FL

85

11. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am duly qualified for the position of registered agent of the corporation. I further certify that the information is true and correct to the best of my knowledge and belief, and that I am not a director or officer of the corporation. I understand that the information supplied is subject to the provisions of the Florida Statutes, Chapter 607, and that I am subject to the provisions of the Florida Statutes, Chapter 607, and that I am subject to the provisions of the Florida Statutes, Chapter 607.

12.

**D
SANCHEZ, CHARLES L.
1824 FLAGLER AVENUE
KEY WEST FL**

**D
SANCHEZ, JULIA W.
1824 FLAGLER AVENUE
KEY WEST FL**

13.

APPROVED AND FILED

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am duly qualified for the position of registered agent of the corporation. I further certify that the information is true and correct to the best of my knowledge and belief, and that I am not a director or officer of the corporation. I understand that the information supplied is subject to the provisions of the Florida Statutes, Chapter 607, and that I am subject to the provisions of the Florida Statutes, Chapter 607, and that I am subject to the provisions of the Florida Statutes, Chapter 607.

SIGNATURE:

Julia W Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DOCUMENT

4/29/95

(305) 294-1623