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

APPROVED AND FILED

95 MAY 12 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K92834 (6)

1. Corporation Name

DENNIS CONNER ADVENTURE CATAMARAN TOURS, INC.

Principal Place of Business	Mailing Address
291 MARGARET ST KEY WEST FL 33040 US	PO BOX 6126 KEY WEST FL 33041-6126 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/05/1989
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 54-0324251 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JACKSON, THOMAS A.
1114 PACKER ST.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: Jackson, Thomas A.
82 Street Address (P.O. Box Number is Not Acceptable): 620 Ashe St.
83
84 City: Key West FL 85 Zip Code: 33040

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☒ Change ☐ Addition	
NAME	CONNER, DENNIS	12 NAME		
STREET ADDRESS	720 GATEWAY CENTER DRIVE	13 STREET ADDRESS	Delete	
CITY-ST-ZIP	SAN DIEGO CA	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	☒ Change ☐ Addition	
NAME	TRENKLE, WILLIAM	22 NAME		
STREET ADDRESS	720 GATEWAY CENTER DRIVE	23 STREET ADDRESS	Delete	
CITY-ST-ZIP	SAN DIEGO CA	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	☒ Change ☐ Addition	
NAME	DOUGLAS, WINTON S.	32 NAME		
STREET ADDRESS	RTE 6 BOX 210B	33 STREET ADDRESS	Delete	
CITY-ST-ZIP	SUMMERLAND KEY FL	34 CITY-ST-ZIP		
TITLE	STD	41 TITLE	☐ Change ☐ Addition	
NAME	JACKSON, DENISE	42 NAME	800001490068	
STREET ADDRESS	PO BOX 6126 N/A	43 STREET ADDRESS	-05/17/95--01025--002	
CITY-ST-ZIP	KEY WEST FL	44 CITY-ST-ZIP	****225.00 ****225.00	
TITLE	DVP	51 TITLE	☐ Change ☐ Addition	
NAME	KINCAID, LARRY D	52 NAME		
STREET ADDRESS	1114 PACKER	53 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL	54 CITY-ST-ZIP		
TITLE	PD	61 TITLE	☐ Change ☐ Addition	
NAME	JACKSON, TOM	62 NAME		
STREET ADDRESS	PO BOX 6126 N/A	63 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL	64 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: Thomas A. Jackson Thomas A. Jackson 5-3-95 305-294-7877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

042196 FP