SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

Amended

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # L13857 2

1. Corporation Name

Florida School of Safe Boating, Inc.

Principal Place of Business	Mailing Address
251 Windward Passage Clearwater, Florida 34630	251 Windward Passage Clearwater, Florida 34630

3. Date Incorporated or Qualified: 09/01/89
3a. Date of Last Report: 05/23/96

2. Principal Place of Business
21 251 Windward Passage
22 Suite, Apt #, etc
23 City & State: Clearwater, FL 34630
24 Zip
25 Country

2a. Mailing Address
26 251 Windward Passage
27 Suite, Apt #, etc
28 City & State: Clearwater, FL 34630
29 Zip
30 Country

4. FEI Number: 59-2956036 ☐ 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

John G. West
1143 Glenmoor Court
Clearwater, FL 34624

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 Individual and Capacity of Applicable (CAPITAL Registered Agent Signature required and Accepted Filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Miller, Ann 1143 Glenmoor Court Clearwater, FL 34624 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Secretary/Treasurer Frappier, Estelle 251 Windward Passage Clearwater, FL 34630 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Halberstadt, William 3232 Beaver Court Palm Harbor, FL 34621 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President Nohe, Jeannette 251 Windward Passage Clearwater, FL 34630 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President West, John 1143 Glenmoor Court Clearwater, FL 34624 ☐ DELETE	3.1 TITLE / NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	President West, Ann 1143 Glenmoor Court Clearwater, FL 34621 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Chief Executive Officer West, John 1143 Glenmoor Court Clearwater, FL 34621 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	400001910624 -08/01/96--01043--027 ***70.00 ☐ Change ☐ Addition

8/1/96

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John G West CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(813) 447-7283
Daytime Phone #