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 MAR -7 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L21049 (6)

1. Corporation Name
TARPON BAY TRADING COMPANY, INC.

Principal Place of Business	Mailing Address
5494 HWY 98TH EAST SUITE B-2 DESTIN FL 32541 US	5494 HWY. 98TH EAST SUITE B-2 DESTIN FL 32541 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1989
3a. Date of Last Report: 07/15/1994
4. FEI Number: 65-0150813 — 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

2. Principal Place of Business	2a. Mailing Address
21 826 15th Ave N.E.	26 P.O. Box 46702
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, Fl.	City & State 28 St. Pete Beach, Fl.
Zip 24 33704 Country 25 USA	Zip 29 33741 Country 30 USA

9. Name and Address of Current Registered Agent

HAMBY, MICHAEL D
5494 HWY 98 EAST
SUITE B-2
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: Hamby, Michael D.
82 Street Address (P.O. Box Number is Not Acceptable): 826 15th Ave. NE
83
84 City: St. Petersburg FL 85 Zip Code: 33704

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] DATE 2/24/95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DPT ☑ Change ☐ Addition
NAME	HAMBY, MICHAEL	1.2 NAME	Hamby, Michael
STREET ADDRESS	5494 HWY 98 EAST, STE. B-2	1.3 STREET ADDRESS	826 15th Ave, N.E.
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	St. Petersburg, Fl. 33704
TITLE	DV	2.1 TITLE	DVS ☑ Change ☐ Addition
NAME	WEEKS, ROBERT	2.2 NAME	Hamby, Wade
STREET ADDRESS	678 MORNING DOVE DR.	2.3 STREET ADDRESS	826 15th Ave, NE
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	St. Petersburg, Fl. 33704
TITLE	DS	3.1 TITLE	☑ Change ☐ Addition
NAME	HAMBY, WADE	3.2 NAME	
STREET ADDRESS	826 15TH AVE. NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	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: [signature] Mike Hamby 2/24/95 813-823-3416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470342 FP