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 JUN 19 PM 3:25

DOCUMENT # **L57644** (1)

1. Corporation Name
PORPOISE POOL & PATIO OF THE FLORIDA KEYS, INC.

Principal Place of Business	Mailing Address
~~C/O HUGH R. PAPY ESQUIRE~~ ~~508 WHITEHEAD STREET~~ KEY WEST FL 33040	~~C/O HUGH R. PAPY ESQUIRE~~ ~~508 WHITEHEAD STREET~~ KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 5 Emerald Drive
Suite, Apt. #, etc. 22:
City & State 23: Key West, Florida
Zip 24: 33040 Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0185871 ☐ 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

PAPY, HUGH R. ESQUIRE
~~508 WHITEHEAD STREET~~
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: PAPY, HUGH R., ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): 1214 Laird Street
83: Key West, FL. 33040
84 City: KEY WEST, FL. 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: Hugh R. Papy Esquire — HUGH R. PAPY, ESQ. — 5/30/95
(Signature of first or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	NERAAL, JOHN M.	12 NAME		
STREET ADDRESS	5 EMERALD DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	NERAAL, JOHN M. II	22 NAME		
STREET ADDRESS	5 EMERALD DRIVE	23 STREET ADDRESS		
CITY ST ZIP	KEY WEST FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	NERAAL, ROBERTA I.	32 NAME		
STREET ADDRESS	5 EMERALD DRIVE	33 STREET ADDRESS		
CITY ST ZIP	KEY WEST FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(i), 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] — 5/30/95 — 305-294-0964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6100031 CP