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 APR 28 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L85509** **(2)**

1. Corporation Name
FISHERMAN'S REEF, INC.

Principal Place of Business	Mailing Address
2235 S. VOLUSIA AVENUE ORANGE CITY FL 32763 US	1208 S. RIDGEWOOD AVENUE EDGEWATER FL 32132-2716 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/06/1990
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26 2235 S. Volusia Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Orange City, FL
Zip 24 / Country 25	Zip 29 32763 / Country 30 US

4. FEI Number: 59-3019904 ☐ 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

TOMLINSON, WINSTON
1208 SO. RIDGEWOOD AVE.
EDGEWATER FL 32132

10. Name and Address of New Registered Agent

81 Timothy L. Carner
82 Street Address (P.O. Box Number is Not Acceptable) 2235 S. Volusia Ave.
83
84 City Orange City FL 85 Zip Code 32763

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 Timothy L Carner 3/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSTD	1.1 TITLE	S/T /D	XXX ☐ Change ☐ Addition
NAME	TOMLINSON, WINSTON	1.2 NAME	Carner, Julie Marie	
STREET ADDRESS	1208 SO. RIDGEWOOD AVE.	1.3 STREET ADDRESS	270 Valencia Road	
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	DeBary, FL	
TITLE	PD	2.1 TITLE	P/V /D	XXX ☐ Change ☐ Addition
NAME	CARNER, TIMOTHY, L	2.2 NAME	Carner, Timothy L.	
STREET ADDRESS	270 VALENCIA ROAD	2.3 STREET ADDRESS	270 Valencia Road	
CITY-ST-ZIP	DEBARY FL	2.4 CITY-ST-ZIP	DeBary, FL	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Timothy L Carner 3-20-95 904-774-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018170 CP