

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # M98885
1. Corporation Name: Sea Gypsy Florida Keys, Inc.
18950 SE 23 Pl.
Morrison, Fl. 32668

Principal Place of Business: same
Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: Sept. 16, 1988

4. FEI Number: 65-0076620
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 owes or has paid the current year Intangible Personal Property Tax due June 30: ☐ Yes ☐ No

2. Principal Place of Business:
21 Suite, Apt. #, etc.
22 City & State:
23 Zip Country:
24

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

9. Name and Address of Current Registered Agent
Bradford R. Gibbs
18950 SE 23 Pl.
Morrison, Fl. 32668

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 607.0602 and 607.1506, 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 607.0606, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres.Sect., Tres.	11 TITLE	☐ Change ☐ Addition
NAME	Brad R. Gibbs	12 NAME	
STREET ADDRESS	18950 SE 23 Pl.	13 STREET ADDRESS	
CITY-ST-ZIP	Morrison, Fl.	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	V. Pres.	31 TITLE	☐ Change ☐ Addition
NAME	Patricia L. Gibbs	32 NAME	
STREET ADDRESS	18950 SE 23 Pl.	33 STREET ADDRESS	
CITY-ST-ZIP	Morrison, Fl.32668	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 hereby certify that the information supplied with this filing 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 statement of financial condition 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; that the report or statement is prepared to reveal the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE: _____ June 8, 1998 352-528-0342

CR2E034 (10/97)