1-20-95 P-21570 1304

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 e 24

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 JAN 20 PM 1:20

DOCUMENT # N03173 (4)

1. Corporation Name

HOLIDAY ISLES MARINE TRAINING & RESCUE GROUP, IN C.

Principal Place of Business	Mailing Address
299 BOCO CIEGA DR MADEIRA BCH FL 33708 US	299 BOCO CIEGA DR MADEIRA BCH FL 33708 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1984	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2834825	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TOHER, THOMAS M 2801 11TH AVE NO ST PETERSBURG FL 33713	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	TOHER, THOMAS M	1.2 NAME	JUNE E MACMILLAN	
STREET ADDRESS	2801 11TH AVE NO	1.3 STREET ADDRESS	13219 114TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	LARGO FL 585-9268	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, ROBERT M.	2.2 NAME		
STREET ADDRESS	19417 GULF BLFC, E113	2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	KEATING, BRENDA L	3.2 NAME		
STREET ADDRESS	8780 79TH PL NO	3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP		
TITLE	VPD	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, ALVA L	4.2 NAME		
STREET ADDRESS	7832 S CAUSEWAY BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	KEATING, RICHARD G	5.2 NAME		
STREET ADDRESS	8780 79TH PL NO	5.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	PREMACK, RICHARD A	6.2 NAME		
STREET ADDRESS	9100 9TH ST N	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert M Crawford ROBERT M CRAWFORD 14 JAN 95 813-596-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0014040