FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N03173 (4)

1. Corporation Name

HOLIDAY ISLES MARINE TRAINING & RESCUE GROUP, INC.

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

3. Date Incorporated or Qualified: 05/18/1984

3a. Date of Last Report: 01/20/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TOHER, THOMAS M
2801 11TH AVE NO
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: ROBERT M CRAWFORD

82 Street Address (P.O. Box Number is Not Acceptable): 19417 GULF BLVD E 113

83

84 City: INDIAN SHORES FL 85 Zip Code: 34635

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Robert M Crawford ROBERT M CRAWFORD Treasurer 2/29/96
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	PD	☐ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	TOHER, THOMAS M		1.2 NAME	CRAWFORD, SHIRLEY M	
STREET ADDRESS	2801 11TH AVE NO		1.3 STREET ADDRESS	19417 GULF BLVD E113	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	INDIAN SHORES, FL 34635	
TITLE	TD	☐ DELETE	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	☐ DELETE	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	☒ DELETE	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	☐ DELETE	5.1 TITLE	600001874916	☐ Change ☐ Addition
NAME	KEATING, RICHARD G		5.2 NAME	-06/25/96--01079--035	
STREET ADDRESS	8780 79TH PL NO		5.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		

CR2E037 (12/95)

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 6/12/96 813-535-0265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #