

FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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 33708-2453  
US

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

3a. Date of Last Report  
**06/24/1996**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAWFORD, ROBERT M**  
**19417 GULF BLVD. E 113**  
**INDIAN SHORES FL 34635**

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 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

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  
NAME **TOHER, THOMAS M**  
STREET ADDRESS **2801 11TH AVE NO**  
CITY-ST-ZIP **ST PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **CRAWFORD, ROBERT M.**  
STREET ADDRESS **19417 GULF BLFC, E113**  
CITY-ST-ZIP **INDIAN SHORES FL**

2.1 TITLE **PRESIDENT/TREASURER/D** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **KEATING, BRENDA L**  
STREET ADDRESS **8780 79TH PL NO**  
CITY-ST-ZIP **SEMINOLE FL**

3.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **CRAWFORD, SHIRLEY M**  
STREET ADDRESS **19417 GULF BLVD E113**  
CITY-ST-ZIP **INDIAN SHORES FL 34635**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **KEATING, RICHARD G**  
STREET ADDRESS **8780 79TH PL NO**  
CITY-ST-ZIP **SEMINOLE FL**

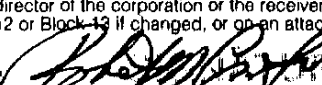
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **PREMACK, RICHARD A**  
STREET ADDRESS **9100 9TH ST N**  
CITY-ST-ZIP **ST PETE FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

 **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050474

CR2E037 (9/96)