FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **N15400** **(7)**

1. Corporation Name
ORGANIZATION OF ARTIFICIAL REEFS, INC.

Principal Place of Business	Mailing Address
2545 BLAIRSTONE PINES DR 100 TALLAHASSEE FL 32301 US	2545 BLAIRSTONE PINES DR 100 TALLAHASSEE FL 32301 US

3. Date Incorporated or Qualified: **06/13/1986**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2709539** ☐ 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. The 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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

STEPHENSON, FRANK
1905 E. NELSON CIRCLE
TALLAHASSEE FL 32303

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 607.0502 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	CD	11 TITLE	☐ Change ☐ Addition
NAME	STEPHENSON, FRANK	12 NAME	
STREET ADDRESS	1905 E. NELSON CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	QUILL, TURK	22 NAME	
STREET ADDRESS	117 SALEM COURT	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JIM	32 NAME	
STREET ADDRESS	7175 DYKES RD.	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LYONS, BUD	42 NAME	
STREET ADDRESS	1683 CROWDER RD. BOX 28	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, DON	52 NAME	
STREET ADDRESS	8009 BLACKJACK RD.	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CIABOTTI, JEFF	62 NAME	
STREET ADDRESS	201 DIXIE DR. APT A	63 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	64 CITY-ST-ZIP	

PLEASE DELETE

SSS 5/1/95

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)(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: Frank Stephenson 4-28-95 904-656-2114
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000012