

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26771 (8)

1. Corporation Name
PIER AQUARIUM, INC.

Principal Place of Business Mailing Address
**800 SECOND AVENUE NORTHEAST
ST. PETERSBURG FL 33701**

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/03/1988 | 3a. Date of Last Report 04/25/1994 |
| 4. FEI Number 59-2899571 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 190.002, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip | 25 Country |
| 29 Zip | 30 Country |

9. Name and Address of Current Registered Agent

**COWAN, BARBARA J
ONE BEACH DR #2103
ST PETERSBURG FL 33071**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | PD |
| NAME | BLAKE, DR. NORMAN |
| STREET ADDRESS | 37121 DEW DR |
| CITY-ST-ZIP | DADE CITY FL |
| TITLE | VD |
| NAME | EACHUS, ALICE |
| STREET ADDRESS | 2320 BREVARD RD., N.E. |
| CITY-ST-ZIP | ST PETERSBURG FL |
| TITLE | TSD |
| NAME | SWEAT, DONALD |
| STREET ADDRESS | 12175 125TH ST., N. |
| CITY-ST-ZIP | LARGO FL |
| TITLE | M |
| NAME | KING, KATHRYN |
| STREET ADDRESS | 218 12TH AVE NORTH |
| CITY-ST-ZIP | ST PETERSBURG FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Eachus, Alice | |
| 1.3 STREET ADDRESS | 2320 Brevard Rd, N.E. | |
| 1.4 CITY-ST-ZIP | St. Petersburg FL 33704 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Givn, Lee | |
| 2.3 STREET ADDRESS | 3500 Bayshore Blvd. N.E. | |
| 2.4 CITY-ST-ZIP | St. Petersburg FL 33704 | |
| 3.1 TITLE | TSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Foy Baynard | |
| 3.3 STREET ADDRESS | 618 Monterey Blvd NE | |
| 3.4 CITY-ST-ZIP | St. Petersburg FL 33704 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(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 changed, or on an attachment with an address.

SIGNATURE: *Kathryn M King* **4/25/95** **813/844-1503**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #