


FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49373** (6)

1. Corporation Name

TRAINING SHIP TARPON SPRINGS, INC.

Principal Place of Business

**905 M L KING DRIVE
SUITE 200
TARPON SPRINGS FL 34689**

Mailing Address

**905 M L KING DRIVE
SUITE 200
TARPON SPRINGS FL 34689-4827**



2. Principal Place of Business	2a. Mailing Address
21 14 MARINER DRIVE	26 14 MARINER DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 TARPON SPRINGS, FL	28 TARPON SPRINGS, FL
Zip	Zip
24 34689	29 34689
Country	Country
25 USA	30 USN

3. Date Incorporated or Qualified 06/11/1992	3a. Date of Last Report 04/05/1996
4. FEI Number 59-3140200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOULLETTE, JOHN B
312 N FLORIDA AVE #39
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name **DILLARD, DONALD H.**
82 Street Address (P.O. Box Number is Not Acceptable)
14 MARINER DRIVE
83
84 City **TARPON SPRINGS** FL 85 Zip Code **34689**

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 **DONALD H. DILLARD, PRES.** *Donald H. Dillard* **April 1, 1997**
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, E.L.	1.2 NAME	
STREET ADDRESS	40347 US 19 N #107	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAHERTY, DANIEL J	2.2 NAME	
STREET ADDRESS	3130 BLUFF BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUDAY FL	2.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLARD, DONALD H	3.2 NAME	
STREET ADDRESS	14 MARINER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ROBERT J JR	4.2 NAME	
STREET ADDRESS	35 W LEMON STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAIN, HENRY J	5.2 NAME	
STREET ADDRESS	1403 GLENDOVER COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **DONALD H. DILLARD** *Donald H. Dillard* **April 1, 1997** **813-942-1907**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069009

CR2E037 (9/96)