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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # N94000005284 (4)

1. Corporation Name

TWIN SAILS MARINE INSTITUTE, INC.

Principal Place of Business	Mailing Address
5915 BENJAMIN CENTER DRIVE TAMPA FL 33634	5915 BENJAMIN CENTER DRIVE TAMPA FL 33634-5239

3. Date Incorporated or Qualified: 10/25/1994
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0537234 ☐ 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

HULL, DAVID J
MACFARLANE AUSLEY FERGUSON & MCMULLEN
227 S CALHOUN STREET
TALLAHASSEE FL 32302

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STTR	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KREMER, FREDERICK D		1.2 NAME		
STREET ADDRESS	5915 BENJAMIN CENTER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GLADSTONE, WILLIAM E		2.2 NAME		
STREET ADDRESS	8995 SW 84TH CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRIEDMAN, ROBERT M		3.2 NAME		
STREET ADDRESS	325 W GAINES ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32399-1950		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOLLEY, WARREN D		4.2 NAME		
STREET ADDRESS	218 N BROAD STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		4.4 CITY-ST-ZIP		
TITLE	VTR	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STANDER, OTIS B		5.2 NAME		
STREET ADDRESS	5915 BENJAMIN CENTER DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		5.4 CITY-ST-ZIP		
TITLE	PTR	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEAVER, ROBERT S IV		6.2 NAME		
STREET ADDRESS	5915 BENJAMIN CENTER DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: FREDERICK D KREMER 1/15/97 (813)881-3300