FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000013111 (8)

1. Corporate Name

DUTCH HARBOUR CORP.

Principal Place of Business

10847 VENICE CIRCLE
TAMPA FL 33635

Mailing Address

10847 VENICE CIRCLE
TAMPA FL 33635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1993

3a. Date of Last Report: 04/12/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Bldg. — 22

Suite, Apt. # or Bldg. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-3168167 — 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. Does corporation have federal tax exemption (see section 501(c) of Florida Statutes) ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ARCANGELI, JEFFERY L
10847 VENICE CIRCLE
TAMPA FL 33635

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 607.0505 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

(Signature of a member of the Registered Agent Firm or the Registered Agent) — (If Registered Agent is a corporation, signature of officer or director) — Date

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ARCANGELI, JEFFERY L
STREET ADDRESS	10847 VENICE CIRCLE
CITY, ST, ZIP	TAMPA FL
TITLE	P
NAME	WIBBE, WILLIAM M
STREET ADDRESS	10213 SABLE RIDGE COURT
CITY, ST, ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurately typed or printed, and that I am not paying for the corporation stated on this form (607.0505, Florida Statutes). I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall be of the same legal effect as if made under oath that I am an officer or director of the corporation or the person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on these articles as a director or officer of the corporation or as an agent upon whom process may be served.

SIGNATURE: 4-20-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0304016 CP