

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**95 JUN 23 AM 9:59**

**DOCUMENT # P93000022204 (0)**

1. Corporation Name  
**GASPARILLA MARINE (FMY SERVICE CENTER), INC.**

Principal Place of Business      Mailing Address  
**% ROBERT D. ROYSTON JR.**      **% ROBERT D. ROYSTON JR.**  
**12670 NEW BRITTANY BLVD., STE. 101**      **12670 NEW BRITTANY BLVD., STE. 101**  
**FORT MYERS FL 33907**      **FORT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/24/1993</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. FEI Number <b>65-0397875</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21		26		22		27	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		23		28	
City & State		City & State		24		30	
7in		Country		Zip		Country	
25		29		30		30	

9. Name and Address of Current Registered Agent  
**ROYSTON, ROBERT D JR**  
**% COSTELLO, SIMS & ROYSTON**  
**12670 NEW BRITTANY BLVD., #101**  
**FT. MYERS FL 33907**

10. Name and Address of New Registered Agent			
B1 Name		B5 Zip Code	
B2 Street Address (P.O. Box Number is Not Acceptable)		FL	
B3		B4 City	

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POCKLINGTON, JAMES A</b>	1 2 NAME	
STREET ADDRESS	<b>2909 FRIERSON ST.</b>	1 3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT MYERS FL 33916</b>	1 4 CITY - ST - ZIP	
TITLE		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: \_\_\_\_\_ **James A. Pocklington** **6/15/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

CR2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MEMBERSHIP AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE**

**DOCUMENT # P93000023387 (2)**

1. Corporation Name  
**SURREPT, INC.**

Principal Place of Business  
**478 SUMMERLAND ROAD  
KEY LARGO FL 33037**

Mailing Address  
**90311 OVERSEAS HWY., SUITE B  
TAVERNIER FL 33070**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/29/1993** 3a. Date of Last Report **12/02/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **65-0399141** 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**

6. The corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**JABRO, JOHN A  
90311 OVERSEAS HWY., SUITE B  
TAVERNIER FL 33070**

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>TAYLOR, WAYNE A</b>
STREET ADDRESS	<b>90311 OVERSEAS HWY.</b>
CITY - ST - ZIP	<b>TAVERNIER FL 33070</b>
TITLE	<b>Secretary</b>
NAME	<b>John A. Jabro</b>
STREET ADDRESS	<b>90311 Overseas Highway, Suite B</b>
CITY - ST - ZIP	<b>Tavernier, Florida 33070</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>John A. Jabro</b>
13 STREET ADDRESS	<b>90311 Overseas Highway, Suite B</b>
14 CITY - ST - ZIP	<b>Tavernier, Florida 33070</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or not an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**305-852-9233**

CR2E034 (3/95)