FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000055898 (9)**

1. Corporation Name

SEA HORSE ADVENTURES, INC.

Principal Place of Business

BARNETT BANK BLDG SECOND FL
P O BOX 1102
SUMMERLAND KEY FL 33042

Mailing Address

BARNETT BANK BLDG SECOND FL
P O BOX 1102
SUMMERLAND KEY FL 33042

3. Date Incorporated or Qualified: 08/09/1993

3a. Date of Last Report: 10/30/1995

4. FEI Number: 59-2727835 ☐ 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

2. Principal Place of Business

21 ~~SEA HORSE MARINA~~ ~~5001 FIFTH AVE.~~
Suite, Apt. #, etc.
22 5001 FIFTH AVE.
City & State
23 KEY WEST FLA
Zip 24 33040 Country 25 MONROE

2a. Mailing Address

26 SEA HORSE MARINA
Suite, Apt. #, etc.
27 5001 FIFTH AVE.
City & State
28 KEY WEST FLA.
Zip 29 33040 Country 30 MONROE

9. Name and Address of Current Registered Agent

VURAL, EROL M
MILE MARKER 25 US HWY 1
SUMMERLAND KEY FL 33042

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 607.1505, 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 _____

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	WILLIAM, SHEPARD O	
STREET ADDRESS	450 N9 BLACKBEARD LN.	
CITY-ST-ZIP	CUDJOE KEY FL	
TITLE	VP	☐ DELETE
NAME	GUERRY, EDWARD	
STREET ADDRESS	450 N9 BLACKBEARD LN.	
CITY-ST-ZIP	CUDJOE KEY FL	
TITLE	S	☐ DELETE
NAME	SHEPARD, GALE L	
STREET ADDRESS	450 N9 BLACKBEARD LN.	
CITY-ST-ZIP	CUDJOE KEY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 true, accurate, complete and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added, above with an address.

SIGNATURE: William O Shepard WILLIAM O SHEPARD 4-4-96 305-292-9880

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

CR2E034 (12/95)