

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 04, 1998 8:00 am
Secretary of State

DOCUMENT # P93000055898 (9)

1. Corporation Name

SEA HORSE ADVENTURES, INC.

Principal Place of Business

SEA HORSE MARINA
5001 5TH AVENUE
KEY WEST FL 33040
US

Mailing Address

SEA HORSE MARINA
5001 5TH AVENUE
KEY WEST FL 33040
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

WILLIAM O. SHEPARD

82 Street Address (P.O. Box Number is Not Acceptable)

5001 FLTH AV

83

84 City

KEY WEST

FL

85 Zip Code

33040

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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

William O. Shepard

(NOTE: Registered Agent signature required when reinstating)

1-27-98

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 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 recipient 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 on an attachment with an address.

SIGNATURE:

WILLIAM O. SHEPARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-98

Date

305-292-9117

Daytime Phone #

0145101

CR2E034 (10/97)