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 MAR 27 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003385 (9)

1. Corporation Name
CALYPSO BAY CAFE, INC.

Principal Place of Business	Mailing Address
ONE PROGRESS PLAZA SUITE 2210 ST PETERSBURG FL 33701	ONE PROGRESS PLAZA SUITE 2210 ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2516 GULF TO BAY BLVD
Suite, Apt. #, etc. 22
City & State 23 CLEARWATER, FL
Zip 24 34625 Country 25 U.S.A.

2a. Mailing Address
26 2516 GULF TO BAY BLVD.
Suite, Apt. #, etc. 27
City & State 28 CLEARWATER, FL.
Zip 29 34625 Country 30 U.S.A.

4. FEI Number 59-3218361 ☐ 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

SAUNDERS, GRANT W
ONE PROGRESS PLAZA
SUITE 2210
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name JIM KRAMER
82 Street Address (P.O. Box Number is Not Acceptable) 2516 GULF TO BAY BLVD
83
84 City CLEARWATER, FL 85 Zip Code 34625

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] Mar 21/95
(Signature of person authorized to sign for registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	KRAMER, DANIEL P	1.2 NAME	KRAMER, JIM P.
STREET ADDRESS	748 CATTAIL CR NE	1.3 STREET ADDRESS	209-11015 OLD COACHMAN RD
CITY-ST-ZIP	ST PETERSBURG FL 33703	1.4 CITY-ST-ZIP	CLEARWATER, FL 34625
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SAUNDERS, GRANT W	2.2 NAME	
STREET ADDRESS	6141 BAHIA DEL MAR BLVD UNIT 232	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33715	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 on an attachment with an address.

SIGNATURE: [signature] Jim P. Kramer Mar. 21, 1995 813 726-3225
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #