

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 21 PM 12:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000016991 (9)

1. Corporation Name

INTERCONTINENTAL OFFSHORE, INC.

Principal Place of Business

**21 OSCAR HILL RD.
TARPON SPRINGS FL 34689**

Mailing Address

**21 OSCAR HILL RD.
TARPON SPRINGS FL 34689**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1994

3a. Date of Last Report
N/A

4. FEI Number

59-3232917

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**

7. This corporation has liability for intangible tax under C. 199.332,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**REESE, MICHAEL K
36426 U.S. HWY. 19 NORTH
PALM HARBOR FL 34884**

10. Name and Address of New Registered Agent

81. Name

Bette Hagan

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

21 Oscar Hill Rd.

83.

84.

Tarpon Springs

FL

85.

34689

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

Bette Hagan

Bette Hagan, Registered Agent/Pres.

7/11/95

(If OFF - Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
HAGAN, JAMES L
21 OSCAR HILL RD.
TARPON SPRINGS FL 34689**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

**D/P/T/S
Bette Hagan
21 Oscar Hill Rd.
Tarpon Springs, FL 34689**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
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 voluntarily furnished and does not qualify for the exemption stated in Section 119 (7)(5)(b), 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 addition with an address.

SIGNATURE:

Bette Hagan

7/11/95

813/937-1100

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

Bette Hagan, President