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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:34

DOCUMENT # P94000020688 (5)

1. Corporate Name

SAILING MAST, INC.

Principal Place of Business

HARBORTOWN MARINA
1930 HARBORTOWN DRIVE
FT. PIERCE FL 34946

Mailing Address

HARBORTOWN MARINA
1930 HARBORTOWN DRIVE
FT. PIERCE FL 34946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1994

3a. Date of Last Report:

4. FEI Number: 65-0460212 ☐ 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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

WILKINSON, TERRENCE L
HARBORTOWN MARINA
1930 HARBORTOWN DR.
FT. PIERCE FL 34946

10. Name and Address of New Registered Agent

81 Name: ROBERT MAPLE
82 Street Address (P.O. Box Number is Not Acceptable)
83 522 SILVERSTREAM CIR
84 City: FT PIERCE FL 85 Zip Code: 34946

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 x [signature]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☑ Change ☐ Addition
NAME	MAPLE, ROBERT D	NAME	
STREET ADDRESS	508 W. WHITNEY DR.	STREET ADDRESS	522 SILVERSTREAM CIR.
CITY-ST-ZIP	JUPITER FL 33455	CITY-ST-ZIP	FT PIERCE, FL 34946
TITLE	D	TITLE	☑ Change ☐ Addition
NAME	WILKINSON, TERRENCE L	NAME	
STREET ADDRESS	623 W. INDIANTOWN RD., STE. 7, BOX 353	STREET ADDRESS	DELETE
CITY-ST-ZIP	JUPITER FL 33458	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: x [signature] 5/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0362253 CP