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 JAN 30 AM 11:48

DOCUMENT # P94000032100 (7)

1. Corporation Name
BIG PINE KEY CHARTERS & SALES, INC.

Principal Place of Business	Mailing Address
715 SWANN AVENUE TAMPA FL 33606	715 SWANN AVENUE TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 Mile Marker 31
Suite, Apt. #, etc.
22 End of Sands Road
City & State
23 Big Pine Key, FL
Zip 24 33043 Country 25 Monroe

2a. Mailing Address
26 P.O. Box 431559
Suite, Apt. #, etc.
27
City & State
28 Big Pine Key, FL
Zip 29 33043 Country 30 Monroe

4. FEI Number: 65-0523744 ☐ 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

GREGORY, WILLIAM ¢ P
715 SWANN AVE.
TAMPA FL 33606

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	GREGORY, WILLIAM P	1.2 NAME	Mylin, Kent
STREET ADDRESS	715 SWANN AVE.	1.3 STREET ADDRESS	Mile Marker 31, End of Sands Road
CITY-ST-ZIP	TAMPA FL 33606	1.4 CITY-ST-ZIP	Big Pine Key, FL 33043
TITLE		2.1 TITLE	VST ☐ Change ☐ Addition
NAME		2.2 NAME	Mylin, Doreen
STREET ADDRESS		2.3 STREET ADDRESS	Mile Marker 31, End of Sands Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Big Pine Key, FL 33043
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.

Kent Mylin

SIGNATURE: Kent S Mylin 1/25/95 (305) 872-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0201022 CP