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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 23 1998 8:00am Secretary of State

	1998	DIVISION OF CO	ORPORATIONS	Secretary	of State
DOCUMENT # P9400059976 (8) INTREPID DOLPHIN, INC.					or state
				# 1881/1881 TIS 1881/2 BIOLE BOOK FROM \$281/4 BOOK	
-					
	e of Business	Mailing Address			nista imile ikili (Awid Mil) indi
575 N. BROADWAY P.O. BOX 246 BARTOW FL 33830 BARTOW FL 33831					
}		DAITON 12 30001		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address		08/15/1994 4. FEI Number	1 1 2 2 2 5 2
21		26		59-3262243	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27	 	5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	-	30	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No
	Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ed Agent
	ODY, DANIEL D		81 Name		
575 N. BROADWAY			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
BAI	RTOW FL 33830		83		
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co				oration submits this statement for the purpose	e of changing its registered
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	Classic				·
12.	Signature, typed or printed name of registered a OFFICERS Al	ND DIRECTORS	Registered Agent signature require 13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE	, 1	☐ Change ☐ Addition
NAME	MOODY, DANIEL D		1.2 NAME		
STREET ADDRESS	575 N. BROADWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830	☐ DELETE	1.4 CITY - ST - ZIP		
TITLE NAME	D Pansler, Karl F	בין טבנביב	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	575 N. BROADWAY		2.3 STREET ADDRESS		İ
CITY-ST-ZIP	BARTOW FL 33830		2. 4 CITY-ST-ZIP		
TITLE	- Alter	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	7777777 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	3.4. CITY-ST-ZIP		Chance L Addition
NAME		E DETEIE	4.1 TITLE 4.2 NAME		L Change L Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		-
CITY-ST-ZIP		:	4.4 City-St-ZiP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
Street address			5.3 STREET ADDRESS		
CITY - ST - ZIP		T Beiere	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		L Change L Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			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 receiver or trustee empower 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:

with Mary REQUIRED

James 214 1998 (941)533-5300

;R2E034 (10/97)