SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 27 AM 10:18
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000073990 (1)

1. Corporation Name
NAUTICAL NEEDLE, INC.

Principal Place of Business
1518 ILLINOIS AVE.
PALM HARBOR FL 34683

Mailing Address
1518 ILLINOIS AVE.
PALM HARBOR FL 34683

Nautical Needle, Inc.

2. Principal Place of Business
21 3910 Tampa Rd.
Suite, Apt. #, etc
22 Oldsmar
City & State
23 Florida
Zip 24 34677 Country 25

2a. Mailing Address
26 Nautical Needle, Inc.
Suite, Apt. #, etc
27 3910 Tampa Rd.
City & State
28 Oldsmar Fl.
Zip 29 34677 Country 30

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report:
4. FEI Number: 59-327-5424 ☐ 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
VINSON, AUDREY D
1518 ILLINOIS AVE.
PALM HARBOR FL 34683

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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VINSON, AUDREY D
STREET ADDRESS	1518 ILLINOIS AVE.
CITY ST ZIP	PALM HARBOR FL 34683
TITLE	DV
NAME	VINSON, JERRY L
STREET ADDRESS	1518 ILLINOIS AVE.
CITY ST ZIP	PALM HARBOR FL 34683
TITLE	DST
NAME	THOMAS, RICHARD P
STREET ADDRESS	2078 SUNSET PT. RD., #82
CITY ST ZIP	CLEARWATER FL 34625
TITLE	DV
NAME	THOMAS, ERIC R
STREET ADDRESS	2078 SUNSET PT. RD., #82
CITY ST ZIP	CLEARWATER FL 34625
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition for each block 1–6: TITLE, NAME, STREET ADDRESS, CITY ST ZIP — all blank)

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)(k), 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: Audrey D. Vinson (signature) — Audrey D. Vinson 7/24/95 813-891-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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