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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000073990 (1)

1. Corporation Name
NAUTICAL NEEDLE, INC.

Principal Place of Business

3902 TAMPAL RD
OLDSMAR FL 34677
US

Mailing Address

3902 TAMPAL RD
OLDSMAR FL 34677-3117
US

2. Principal Place of Business

21 6727 US Hwy. 19

22 New Port Richey

23 Florida

24 34652-1742 25 U.S.

2a. Mailing Address

26 6727 US Hwy 19

27 New Port Richey

28 Florida

29 34652-1742 30 U.S.

9. Name and Address of Current Registered Agent

VINSON, AUDREY D
1161 TOOKES RD
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified

10/07/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3275424

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

10. Name and Address of New Registered Agent

81 Name
Vinson Audrey D
82 Street Address (P.O. Box Number is Not Acceptable)
1161 Tookes Road
83
84 City
Tarpon Springs FL 85 Zip Code
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME VINSON, AUDREY D
STREET ADDRESS 1518 ILLINOIS AVE.
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE DV ☐ DELETE

NAME VINSON, JERRY L
STREET ADDRESS 1518 ILLINOIS AVE.
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Vinson Audrey D
1.3 STREET ADDRESS 1161 Tookes Road
1.4 CITY-ST-ZIP Tarpon Springs, Florida 34689

2.1 TITLE DV ☒ Change ☐ Addition

2.2 NAME Vinson Jerry L
2.3 STREET ADDRESS 1161 Tookes Road
2.4 CITY-ST-ZIP Tarpon Springs, Florida 34689

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 [Signature] DATE 4/26/97 8:00am

CR2E034 (9/96)