SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 AUG 26 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000086391 (6)

1. Corporation Name

CONCH CLIPPER OF THE FLORIDA KEYS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1919 ISLAMORADA FL 33036	P.O. BOX 1919 ISLAMORADA FL 33036

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

3. Date Incorporated or Qualified: 11/07/1995

3a. Date of Last Report

4. FEI Number: 65-0627162 ☐ 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

~~HERSHOFF, JAY A~~
~~HERSHOFF, LUPINO, DEFOOR & GREGG~~
~~00130 OLD HIGHWAY~~
~~TAVERNIER FL 33070~~

10. Name and Address of New Registered Agent

81 Name: DANIEL S. BURNHAM
82 Street Address (P.O. Box Number is Not Acceptable): 83409 U.S. 1 # 31B
83
84 City: ISLAMORADA FL 85 Zip Code: 33036

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: DANIEL S. BURNHAM — Daniel S Burnham — 8/2/96
Signature typed or printed of new registered agent and title, if applicable (Note: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CAMPBELL, JOSEPH	
STREET ADDRESS	P.O. BOX 1919	
CITY-ST-ZIP	ISLAMORADA FL 33036	N A
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME	400001934 3814	
23 STREET ADDRESS	-08/28/96--01058--008	
24 CITY-ST-ZIP	****225.00 ****225.00	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J E Campbell — 7/22/96 — 305-664-9342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH E. CAMPBELL