SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086576 (2)

KEYS MARICULTURE, INC.

FILED Sep 22 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 160 GEORGIA STREET P.O. BOX 2640 TAVERNIER FL 33070 KEY LARGO FL 33037 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 11/13/1995 08/08/1996 2. Principal Place of Business 21 339 Mahogany DC 2a. Mailing Address FEI Number Applied For 65-0636629 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Key 23 Trust Fund Contribution 28 Added to Fees Country Ζıp Country 8. This corporation owes or has paid the current year Intangible USA 24 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LUPINO, JAMES S 81 100360 OVERSEAS HIGHWAY Street Address (P.O. Box Number is Not Acceptable) **B2** KEY LARGO FL 33037 83 84 City Zip Code 85 11. Pursuant to the provisions of Soctions 607,0502 and 607,1508, Florida Statules, 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, Soction 607,0505, Florida Statules. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97 DELETE 1.1 TITLE ☐ Change Acdition TITLE GAMBLE, H. SAMUEL III NAME 1.2 NAME **160 GEORGIA STREET** STREET ADDRESS 1.3 STREET ADDRESS **TAVERNIER FL 33070** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GAMBLE, MARY A NAME 2.2 NAME **160 GEORGIA STREET** STREET ADDRESS 2.3 STREET ADDRESS TAVERNIER FL 33070 CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Channe Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4 1 TITLE Change ☐ Addilion 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CHY-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.

Al12/97