FILE NOW: FILING FEE AFTER MAY 1 IS \$555:00

APPRQVED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham A . ANNUAL REPORT Secretary of State 97 SEP 15 AM 11:31 . 1997 DIVISION OF CORPORATIONS DOCUMENT # P95000089573
1. Corporation Name
OCEAN BAY CONSERVATION OF THE KEYS.
1.0. BOX 807 SECRETARY OF STATE TALLAHASSEE, FLORIDA TAVERNIER, FL.
Principal Place of Business MONROE, Ety. FLM. 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 15000604 SAME Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 275 NORMANDY DR. 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be TAVER NIER Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 24 33070 ☐ Yes ☐ No Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALBERT P. St. JOHN 82 Street Address (P.O. Box Number is Not Acceptable) Normandy P.D. Bax 807 TAVERNIER FL. 33070 CityTAVERNIER 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE 134 BERT St. John Signature, typen or protect nanc of registeric aligned and title if applicance (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MARK BOALCH CONST DELETE TITEE 11100 Change Addition NAME 1.2 NAME 300 ATGANTIC OR NONE STREET ADDRESS 1.3 STREET ADDRESS KEY LARGO, 1-1. 33037 CITY-ST-ZIP 1 4 CITY- ST-ZIP 54ME TITLE 21 TITLE Change 000002297430--7 -09/18/97--01103--017 NAME 2 2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - S1 - ZIP TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAMA. 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP DELETE

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 armual 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.

63 STREET ADDRESS 6.4 CHY-ST-ZIP

6 1 TITLE

6.2 NAME

SIGNATURE: ALBERT St. JOHNC

TITLE

NAME

STREET ADDRESS

6-13-97 664 1856