

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 21 AM 9:14

DOCUMENT # P96000002679 (4)

1. Corporation Name
INSHORE TRIPLE CHALLENGE, INC.

Principal Place of Business
4208 BAYMEADOWS ROAD
JACKSONVILLE FL 32217

Mailing Address
4208 BAYMEADOWS ROAD
JACKSONVILLE FL 32217-4801



2. Principal Place of Business
21 8982 ELIZABETH FALLS DR
Suite, Apt. #, etc.
22 JACKSONVILLE, FL
City & State
23 32257
Zip
24 DUVAL
Country

2a. Mailing Address
26 SAME AS #2
Suite, Apt. #, etc.
27 JACKSONVILLE, FL
City & State
28 32257
Zip
29 DUVAL
Country

3. Date Incorporated or Qualified
01/08/1996

3a. Date of Last Report

4. FEI Number
59-3343918
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
TILLEY, STEPHEN E
4208 BAYMEADOWS ROAD
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent
81 Name GRADY WARREN
82 Street Address (P.O. Box Number is Not Acceptable)
8982 ELIZABETH FALLS DR.
83
84 City JACKSONVILLE FL 85 Zip Code 32257

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	TILLEY, STEPHEN E	4208 BAYMEADOWS ROAD	JACKSONVILLE FL 32217	<input checked="" type="checkbox"/>
	WARREN, GRADY	8982 ELIZABETH FALLS DR	JACKSONVILLE FL 32257	<input type="checkbox"/>
	GOFF, MICHELLE	1837 HARBOUR CLUB DR	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>
	AKRA, MARGARET	8982 ELIZABETH FALLS DR	JACKSONVILLE FL 32257	<input checked="" type="checkbox"/>
	MINIARD, LARRY	47 ROSCOE BLVD	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

CR2E034 (9/96)