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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060341 (0)
1. Corporation Name

GRAYSTROKES AQUATIC ADVENTURES. INC.

Principal Place of Business Mailing Address 10800 OVERSEAS HIGHWAY 10800 OVERSEAS HIGHWAY MARATHON FL 33050 MARATHON FL 33050 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 07/18/1996 Principal Place of Business 2a, Marling Address 4. FEI Number Applied For 21 65-0682302 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zic Country Zip 8. This corporation owes or has paid the current year Intangible **ZD**yes 24 29 Personal Property Tax due June 30. 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JAMES B HOLLEY JR 10800 OVERSEAS HIGHWAY Street Address (P.O. Box Number is Not Acceptable) MARATHON FL 33050 83 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, type for printed name of regulier diagont and title if apply able (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PSTD DELETE Change Addition TITLE 1.1 TITLE HOLLEY, JAMES B JR. NAME 1.2 NAME 10800 OVERSEAS HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS MARATHON FL 33050 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change ☐ DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CHTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE Change TITLE 5.1 10 LE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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.

DELETE

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

FILED
May 21 1998 8:00am
Secretary of State



Change

Addition