

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000085899 (8)

1. Corporation Name

BAHIA HONDA ADVENTURES I, INC.

FILED

97 JUL -7 AM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

POST OFFICE BOX 136
BIG PINE KEY FL 33043

Mailing Address

POST OFFICE BOX 136
BIG PINE KEY FL 33043

3. Date Incorporated or Qualified

10/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 MM25 ELS HWY 1
Suite, Apt. #, etc.

22 SUMMERLAND KEY
City & State

23 Zip 33043 Country MONROE

24 33043 25 MONROE

2a. Mailing Address

26 P.O. BOX 136
Suite, Apt. #, etc.

27 City & State

28 BIG PINE KEY FL
City & State

29 33043 30 MONROE

4. FEI Number

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

BILLS, CHARLES
RURAL ROUTE 1, BOX 481
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

CHARLES EBILLS

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ALDRIDGE, IREN
STREET ADDRESS POST OFFICE BOX 136
CITY-ST-ZIP BIG PINE KEY FL 33043 N/A

TITLE D ☐ DELETE
NAME BILLS, CHARLES
STREET ADDRESS POST OFFICE BOX 136
CITY-ST-ZIP BIG PINE KEY FL 33043 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 3000002235359-4
1.3 STREET ADDRESS -07/10/97--01095--010
1.4 CITY-ST-ZIP *****165.00 *****165.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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.

SIGNATURE [Signature] 4-28-97 744

CR2E034 (9/96)