FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S10175 (5)

1. Corporate Name

MICROWAVE, INC.

Principal Place of Business:
16229 VILLARREAL DE AVILA
TAMPA FL 33613

Mailing Address:
16229 VILLARREAL DE AVILA
TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1990
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3055439 — 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	10. Name and Address of New Registered Agent
TERRI L. STEFFEN 16229 VILLARREAL DE AVILA TAMPA FL 33613	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 617.0502, 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 and am familiar with and accept the obligations of Florida Statutes.

SIGNATURE

12. Officers and Directors		13. Additions/Changes to Officers and Directors	
TITLE	DPST	TITLE	☐ Change ☐ Addition
NAME	STEFFEN, TERRI	NAME	
STREET ADDRESS	16229 VILLARREAL DE AVIL	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is accurate, furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this 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: Terri Steffen — 5/12/95 (813) 264-1518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0296237 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # S10655 (6)

1. Corporation Name
SIX BAR-G RANCH, INC.

Principal Place of Business
P.O. BOX 213
FELDA FL 33930

Mailing Address
P.O. BOX 213
FELDA FL 33930

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1990
3a. Date of Last Report: 02/28/1994
4. FEI Number: 65-0234596 — 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 is eligible ... Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business — 21, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country
2a. Mailing Address — 26, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent
GALLAGHER, JOHN D.
LOOP ROAD
FELDA FL

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	DP
Name	GALLAGHER, JOHN D.
Street Address	HWY 830A-LOOP RD #1277
City-St-Zip	FELDA FL
Title	ST
Name	GALLAGHER, SYLVIA, J
Street Address	HWY 830-A LOOP RD #1277
City-St-Zip	FELDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition

14. [illegible]

SIGNATURE: *John D. Gallagher* John D. Gallagher — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
813-675-1350

0481365 FP

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

APPROVED AND FILED
95 MAY 13 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S11087 (1)

1. Corporate Name
RAMIRO REQUENA, M.D., P.A.

Principal Place of Business	Mailing Address
32615 US 19 N STE 3 PALM HARBOR FL 34684	32615 US 19 N STE 3 PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1990
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-3035071 — 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. The corporation has liability for intangible tax under S. 199.0?? Florida Statutes. ☐ Yes ☑ No

2. Principal Place of Business / 2a. Mailing Address
Suite, Apt. #, etc. / City & State / Zip / Country

9. Name and Address of Current Registered Agent

REQUENA, RAMIRO MD
32615 US 19 N
STE 3
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. Pursuant to the provisions of Section 607.0502 or 617.0502, 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 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

12. OFFICERS AND DIRECTORS

Title	D
Name	REQUENA, RAMIRO MD
Street Address	32615 US 19 N #3
City-St-Zip	PALM HARBOR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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: R. Requena 5/12/95 (813)785-4478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ramiro Requena, M.D.

0367351 CP

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Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 10 PM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S11771 (0)

1. Corporation Name

MANATEE AQUACULTURE, INC.

Principal Place of Business	Mailing Address
1260 S GREENWOOD AVE. STE E CLEARWATER FL 34616	1260 S GREENWOOD AVE. STE E CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1990
3a. Date of Last Report: 11/07/1994
4. FEI Number: 59-3036830 — Applied For / Not Applicable

2. Principal Place of Business — 21, 22 Suite, Apt #, etc., 23 City & State, 24 Zip, 25 Country
2a. Mailing Address — 26, 27 Suite, Apt #, etc., 28 City & State, 29 Zip, 30 Country

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

WHEAT, MYRON W. JR
1260 S GREENWOOD AVE, STE E
CLEARWATER FL 34616

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	DP
NAME	WHEAT, MYRON W. JR
Street Address	1260 S GREENWOOD AVE, #E
City-St-Zip	CLEARWATER FL
Title	DST
NAME	REDDERSON, CARL L.
Street Address	7985 FOURTH AVE S
City-St-Zip	ST PETERSBURG FL
Title	DV
NAME	NAUERT, G. MICHAEL
Street Address	2925 KEYSTONE RD
City-St-Zip	TARPON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — ☐ Change ☐ Addition

14. [illegible]

SIGNATURE: *Myron W. Wheat Jr. Pres.* *3-8-95* *813-442-7199*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYRON W. WHEAT, JR

0355875 CP