

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

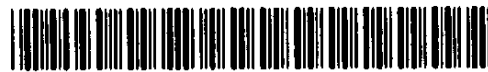


FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S54710** (6)

1. Corporation Name

SHIPWATCH DEVELOPMENT OF PINELLAS COUNTY, INC.



Principal Place of Business

Mailing Address

**8640 SEMINOLE BLVD.
SEMINOLE FL 34642**

**8640 SEMINOLE BLVD.
SEMINOLE FL 34642**

3. Date Incorporated or Qualified

05/20/1991

3a. Date of Last Report

01/02/1996

4. FEI Number

59-3078406

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

2. Principal Place of Business

2a. Mailing Address

21 7380 - 128th ST N

26 7380 - 128th ST. N

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 SEMINOLE, FL

City & State

28 SEMINOLE FL

Zip

Country

Zip

Country

24 33776

29 33776

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOFSTRA, PETER T.
8640 SEMINOLE BLVD.
SEMINOLE FL 34642**

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE
NAME **SAVORETTI, BETTY J**
STREET ADDRESS **8640 SEMINOLE BLVD. 7380 - 128th St. No**
CITY - ST - ZIP **SEMINOLE FL 34642 33776**

TITLE **D** ☐ DELETE
NAME **SAVORETTI, MARK**
STREET ADDRESS **1100 BAYSHORE BLVD.**
CITY - ST - ZIP **SAFETY HARBOR FL**

TITLE **D** ☐ DELETE
NAME **HARTER, MITCH, JR.**
STREET ADDRESS **13680 97TH AVE N**
CITY - ST - ZIP **SEMINOLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Betty J. Savoretti Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Betty J. Savoretti Pres.

8-7-96 (813) 393-9614

CR2E034 (3/96)