

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 # S60340 (4)

1. Corporation Name

F/V ANTARES CORPORATION

Principal Place of Business

Mailing Address

**12548 CAPRI CIRCLE
TREASURE ISLAND FL 33706**

**12548 CAPRI CIRCLE
TREASURE ISLAND FL 33706**



3. Date Incorporated or Qualified

06/14/1991

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3085570

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

**THOMPSON, ROBERT P.
12548 CAPRI CIRCLE NORTH
TREASURE ISLAND FL 33706**

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 name) of current registered agent and, if applicable,

(NOTE: Registered Agent's signature required when new change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **THOMPSON, ROBERT P.**
STREET ADDRESS **12548 CAPRI CIRCLE NORTH**
CITY-STATE-ZIP **TREASURE ISLAND FL**

TITLE **DV** ☐ DELETE
NAME **THOMPSON, ROSEMARY O.**
STREET ADDRESS **12548 CAPRI CIRCLE NO**
CITY-STATE-ZIP **TREASURE ISLAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. TITLE ☐ Change ☐ Addition

12. NAME ☐ Change ☐ Addition

13. STREET ADDRESS ☐ Change ☐ Addition

14. CITY-STATE-ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. STREET ADDRESS ☐ Change ☐ Addition

24. CITY-STATE-ZIP ☐ Change ☐ Addition

31. TITLE ☐ Change ☐ Addition

32. NAME ☐ Change ☐ Addition

33. STREET ADDRESS ☐ Change ☐ Addition

34. CITY-STATE-ZIP ☐ Change ☐ Addition

41. TITLE ☐ Change ☐ Addition

42. NAME ☐ Change ☐ Addition

43. STREET ADDRESS ☐ Change ☐ Addition

44. CITY-STATE-ZIP ☐ Change ☐ Addition

51. TITLE ☐ Change ☐ Addition

52. NAME ☐ Change ☐ Addition

53. STREET ADDRESS ☐ Change ☐ Addition

54. CITY-STATE-ZIP ☐ Change ☐ Addition

61. TITLE ☐ Change ☐ Addition

62. NAME ☐ Change ☐ Addition

63. STREET ADDRESS ☐ Change ☐ Addition

64. CITY-STATE-ZIP ☐ Change ☐ Addition

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 119.07(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:

Rosemary O. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROSEMARY O. THOMPSON (D.V.)

6/8/96

813-3604614

Daytime Phone #

CR2E034 (3/96)