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

FILED
95 JUL 18 PM 1:57

DOCUMENT # S86336

1. Corporate Name

THALASSA OFFSHORE, INC.

Principal Place of Business	Mailing Address
2121 N. Bayshore Drive Suite 407 Miami, Fl. 33137	2121 N. Bayshore Drive Suite 407 Miami, Fl. 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1991
3a. Date of Last Report: 07/22/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite Apt. # etc. (22) | Suite Apt. # etc. (27)

City & State (23) | City & State (28)

Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: 65-0292685 ☐ 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

DI STRAVOLA, GIULIO
2121 N. Bayshore Drive
Suite 407
Miami, Fl. 33137

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 Section 607.0502 and 607.1908 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: Giulio D. Stravola 07/07/1995
(Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
D/P DI STRAVOLA, GIULIO 2121 N. Bayshore Drive Suite 407 Miami, Fl. 33137	☐ Change ☐ Addition
D/T/S PARRAVICINI, SILVANO 2121 N. Bayshore Drive Suite 407 Miami, Fl. 33137	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

900001546029
07/25/95--01124--019
****225.00 ****225.00

14. I hereby certify that the information supplied with this report is absolutely complete and does not qualify for the exemption stated in Section 119.07(3)(i), 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 with an address.

SIGNATURE: Giulio D. Stravola 07/07/1995 (305) 573-9973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

DI STRAVOLA, GIULIO, President

SALUSSOLIA & ASSOCIATES
ATTORNEYS AT LAW

FIRST UNION FINANCIAL CENTER
SUITE 4815
200 S. BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131

TELEPHONE (305) 373-7016
FASCSIMILE (305) 373-7017

July 11, 1995

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: THALASSA OFFSHORE, INC.

Dear Sir/Madam:

Enclosed herewith, please find a duly executed Annual Report for the above referenced company.

Our firm's check in the amount of $225.00 is also enclosed in payment of the required fee.

Thank you for your attention in expedite this matter, and should you have any questions regarding the above, please do not hesitate to contact our office.

Very truly yours,

Stefania Bologna
Legal Assistant
sccrsia.ss

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 JUL 25 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S86568** **(0)**

1. Corporate Name
SAM & CO. HAY

Principal Place of Business:
12009 SW GRAPE AVE
FT OGDEN FL 33842
US

Mailing Address:
~~5 HAY ST~~
P O BOX 147
FT OGDEN FL 33842

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3156955 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] No

2. Principal Place of Business
21 (blank)
22 Suite, Apt. #, etc.
23 City & State
24 Zip — 25 Country

2a. Mailing Address
26 (blank)
27 Suite, Apt. #, etc.: P.O. Box 147
28 City & State: FT. Ogden FL.
29 Zip: 33842 — 30 Country

9. Name and Address of Current Registered Agent
BOWLING, CLAY
2 GRAPE AVENUE
~~P.O. BOX 118~~
FORT OGDEN FL 33842

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	BOWLING, CLAY
STREET ADDRESS	~~P.O. BOX 118~~ 2 GRAPE AVE.
CITY-ST-ZIP	FORT OGDEN FL
TITLE	PDS
NAME	SHORT, SAM
STREET ADDRESS	12009 SW GRAPE ST
CITY-ST-ZIP	FORT OGDEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

100001547921
-07/27/95--01072--012
****233.75 ****233.75

CR2E034 (3/95)

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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] Sam Short 7-10-95 941-993-4281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0160232 FP

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

DOCUMENT # S90348

1. Corporation Name

Jungle Erv's Inc.
611 Collier Ave. P.O.Box 5028
Everglades City, Florida 33929

Principal Place of Business	Mailing Address
611 Collier Ave. Everglades City, FL 33929	P.O.Box 5028 Everglades City, Fl 33929

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1991	3a. Date of Last Report:
4. FEI Number: 650293559	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
24 / Country 25 Collier	Zip 29 / Country 30 Collier

9. Name and Address of Current Registered Agent

Lynn Stokes
343 Smallwood Dr.
Chokoloskee, Fl. 33925

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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: _____ (If changing registered agent, this must be signed by the new registered agent) (If changing registered agent, this must be signed by new registered agent) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: Lynn Stokes President 343 Smallwood Dr. Chokoloskee, Fl. 33925	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP: ☐ Change ☐ Addition 100001547:51 -07/27/95--01072--025 ****233.75 ****233.75
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: Laverne Stokes VP 333 Stokes Lane Chokoloskee, Fl 33925	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: Mike Stokes secetary Star Rt Box 125 Copeland, Fl. 33926	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: Yuvonne Ballance treasure 224 copeland Ave. Everglades City, Fl. 33929	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP:	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP:	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP: ☐ Change ☐ Addition CH

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)(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: Lynn Stokes President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 22, 1995
Date

(Corporate Seal)