

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V04629

(4)

1. Corporation Name

SPONGE FISHING HOLDINGS, INC.



Principal Place of Business

4100 BARNETT PLAZA  
101 E KENNEDY BLVD  
TAMPA FL 33602

Mailing Address

4100 BARNETT PLAZA  
101 E KENNEDY BLVD  
TAMPA FL 33602

2. Principal Place of Business

21 2909 Bay to Bay Blvd.

2a. Mailing Address

26 2909 Bay to Bay Blvd.

Suite, Apt. #, etc.

22 Suite 309

Suite, Apt. #, etc.

27 Suite 309

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 33629

Country

25 USA

Zip

29 33629

Country

30 USA

3. Date Incorporated or Qualified

01/07/1992

3a. Date of Last Report

02/06/1995

4. FEI Number

59-3106038

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

MCNAMARA, THOMAS P  
4100 BARNETT PLAZA  
101 E KENNEDY BLVD  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Thomas P. McNamara, Esq.

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

2909 Bay to Bay Blvd.

83

Suite 309

84

City

Tampa

FL

85

Zip Code

33629

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 of Registered Agent)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
MOORE, IAN C  
C/O KALISH & WARD  
TAMPA FL

TITLE ☐ DELETE

NAME VPST  
MOY, DAVID R  
C/O KALISH & WARD 101 E KENNEDY BLVD  
TAMPA 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

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

cb Thomas P. McNamara, P.A.  
Tampa, FL 33629

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

c/o Thomas P. McNamara, P.A.  
Tampa, FL 33629

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 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 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/96

GB 12238830600

Daytime Phone #

CR2E034 (12/95)