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 -1 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V23637** **(4)**

1. Corporate Name

FLORIDA KEYS ADVENTURES UNLIMITED, INC.

Principal Place of Business	Mailing Address
105962 OVERSEAS HWY ~~5555 TOWN CENTER RD. SUITE 702~~ KEY LARGO FL 33037 US	8903 GLADES RD SUITE L-9237 BOCA RATON FL 33434 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1992**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business
21 105962 OVERSEAS HWY
22 Suite, Apt. #, etc.
23 City & State: KEY LARGO, FL
24 Zip: 33037 25

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30

4. FEI Number: **65-0322260** ☐ 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 authority to participate as defined in Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STAHL, DANNY
105962 OVERSEAS HWY
KEY LARGO FL 33037

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 [illegible] Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is authorized to do business in Florida. I am familiar with and accept the obligations of Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12.	
Title	D	Title	☒ Change ☐ Addition
Name	LIBAUER, ROBERT S	Name	DELETE - NO LONGER A DIRECTOR
Street Address	3701 OLD COURT RD, UNIT #9	Street Address	
City, St, Zip	BALTIMORE MD	City, St, Zip	
Title	PD	Title	☐ Change ☐ Addition
Name	STAHL, DANNY	Name	
Street Address	105962 OVERSEAS HWY	Street Address	
City, St, Zip	KEY LARGO FL	City, St, Zip	
Title	STD	Title	☐ Change ☐ Addition
Name	LIPSITZ, BERNARD D	Name	
Street Address	8903 GLADES RD, SUITE L-9237	Street Address	
City, St, Zip	BOCA RATON 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	

14. I do hereby certify that the information supplied with this filing is absolutely true and correct and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation has filed the annual report or supplemental annual report so that it is true and correct 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: [signature] BERNARD D. LIPSITZ 4/28/95 (407) 483-3493
SIGNATURE AND TYPED OR PRINTED NAME OF RANKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0262944 CP

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V23902** **(2)**

1. Corporate Name
SANDERS TIMBER CO., INC.

Principal Place of Business
P.O. BOX 1924
PALATKA FL 32177

Mailing Address
P.O. BOX 1924
PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/23/1992**
3a. Date of Last Report: **05/25/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3115005** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has activity for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANDERS, CHARLES G.
HOOVER ROAD
HOLLISTER FL 32147

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: (Signature of New Registered Agent, if changing) (Name of New Registered Agent, Typed or Printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	P	11 TITLE	☐ Change ☐ Addition
02 NAME	SANDERS, CHARLES G.	12 NAME	
03 STREET ADDRESS	HOOVER ROAD	13 STREET ADDRESS	
04 CITY ST ZIP	HOLLISTER FL 32147	14 CITY ST ZIP	
01 TITLE	ST	21 TITLE	☐ Change ☐ Addition
02 NAME	SANDERS, CLAUDIA	22 NAME	
03 STREET ADDRESS	HOOVER ROAD	23 STREET ADDRESS	
04 CITY ST ZIP	HOLLISTER FL 32147	24 CITY ST ZIP	
01 TITLE		31 TITLE	☐ Change ☐ Addition
02 NAME		32 NAME	
03 STREET ADDRESS		33 STREET ADDRESS	
04 CITY ST ZIP		34 CITY ST ZIP	
01 TITLE		41 TITLE	☐ Change ☐ Addition
02 NAME		42 NAME	
03 STREET ADDRESS		43 STREET ADDRESS	
04 CITY ST ZIP		44 CITY ST ZIP	
01 TITLE		51 TITLE	☐ Change ☐ Addition
02 NAME		52 NAME	
03 STREET ADDRESS		53 STREET ADDRESS	
04 CITY ST ZIP		54 CITY ST ZIP	
01 TITLE		61 TITLE	☐ Change ☐ Addition
02 NAME		62 NAME	
03 STREET ADDRESS		63 STREET ADDRESS	
04 CITY ST ZIP		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 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: Charles G. Sanders, President 5/1/95 325-7326
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Charles G. Sanders, President

0404070 FP