

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000046212 (3)**

1. Corporation Name
**7-MILE TRADING POST, INC.
7 MILE MARINE CENTER, INC.**



Principal Place of Business
**1100 OVERSEAS HIGHWAY
MARATHON FL 33050**

Mailing Address
**1100 OVERSEAS HIGHWAY
MARATHON FL 33050**

2. Principal Place of Business
21 **1100 OVERSEAS Hwy**
Street, Apt. #, etc.

2a. Mailing Address
26 **1100 Overseas Hwy**
Street, Apt. #, etc.

23 **MARATHON, FL**
City & State
24 **33050** Zip
U.S.A. Country

27 **MARATHON, FL**
City & State
28 **MARATHON, FL**
City & State
29 **33050** Zip
U.S.A. Country

3. Date Incorporated or Qualified **06/14/1995** 3a. Date of Last Report
4. FEI Number **05-0596129** 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
**GREENMAN, FRANKLIN D
5800 OVERSEAS HIGHWAY
SUITE 40
MARATHON FL 33050**

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 607.0607 and 607.1502, 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12 OFFICERS AND DIRECTORS

12a. TITLE	D	<input type="checkbox"/> DELETE
12b. NAME	PIERCE, CHARLES	
12c. STREET ADDRESS	900 OVERSEAS HIGHWAY	
12d. CITY, STATE, ZIP	MARATHON FL 33050	
12e. TITLE	D	<input checked="" type="checkbox"/> DELETE
12f. NAME	PIERCE, MARGARET	
12g. STREET ADDRESS	900 OVERSEAS HIGHWAY	
12h. CITY, STATE, ZIP	MARATHON FL 33050	
12i. TITLE		<input type="checkbox"/> DELETE
12j. NAME		
12k. STREET ADDRESS		
12l. CITY, STATE, ZIP		
12m. TITLE		<input type="checkbox"/> DELETE
12n. NAME		
12o. STREET ADDRESS		
12p. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13b. NAME	PIERCE, Charles	
13c. STREET ADDRESS	1 - 47th St. Gulf	
13d. CITY, STATE, ZIP	Marathon, FL 33050	
13e. TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13f. NAME	Nelson, Cale	
13g. STREET ADDRESS	1100 Overseas Hwy.	
13h. CITY, STATE, ZIP	Marathon, FL 33050	
13i. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13j. NAME	PIERCE, JAMES	
13k. STREET ADDRESS	1 - 47th St, Gulf	
13l. CITY, STATE, ZIP	Marathon, FL 33050	
13m. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13n. NAME	Gifford, Sherry	
13o. STREET ADDRESS	1100 Overseas Hwy	
13p. CITY, STATE, ZIP	Marathon, FL 33050	
13q. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13r. NAME		
13s. STREET ADDRESS		
13t. CITY, STATE, 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 199.07(3)(a), 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: *Sherry Gifford* **SHERRY GIFFORD** 1/18/96 305-743-3960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)