

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90013 029 \*\*\*\*61.25

**DOCUMENT # 701362**

1. Corporation Name

**RICHEY MARINE TRAINING AND RESCUE GROUP, INC.**

Principal Place of Business

3920 MARINE PARKWAY  
NEWPORT RICHEY FL 34652

Mailing Address

3920 MARINE PARKWAY  
NEWPORT RICHEY FL 34652



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/25/1960

4. FEI Number

59-2040641

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HELLMERS, GENE  
14452 SHANGRILA LANE  
ODESSA FL 33556

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HELLMERS, GENE  
STREET ADDRESS 14452 SHANGRILA LANE  
CITY-ST-ZIP ODESSA FL 33556

TITLE D ☐ DELETE

NAME MORRIS, BERNARD  
STREET ADDRESS 4908 MARLIN DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D ☐ DELETE

NAME COVE, RICHARD  
STREET ADDRESS 6311 BAYSIDE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE VD ☒ DELETE

NAME ATTOCCHI, ROY  
STREET ADDRESS 9040 SHARPS COURT  
CITY-ST-ZIP PORT RICHEY FL 34688

TITLE D ☒ DELETE

NAME MCCAIN, WALTER  
STREET ADDRESS 8015 SAN FERNANDO DRIVE  
CITY-ST-ZIP PORT RICHEY FL 34688

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

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

NAME VD LOWERY, HAROLD E.  
STREET ADDRESS 17834 DEERFIELD DR.  
CITY-ST-ZIP LUTZ, FL 33549

5.1 TITLE ☒ Change ☐ Addition

NAME D McCONNELL FRANKLIN J.  
STREET ADDRESS 8904 BARN OLD COURT  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*GENE GRADY, JR. / MICHAEL R. P. D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 813-920-4565

Date

Daytime Phone #

CR2E037 (11/98)