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97 SEP 26 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J 57108
1. Corporation Name
Don's Dock, Inc.

Principal Place of Business Mailing Address
215 128th Ave. East
Madeira Bch, FL 33708

2. Principal Place of Business 2a. Mailing Address
21 Don's Dock 26 215 128th Ave See above
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Madeira Bch 28 FL
Zip Country 29 Zip Country
24 33708 25 USA 30

3. Date Incorporated or Qualified 3a. Date of Last Report
10-1-97 2-10-87
4. FEI Number Applied For
59-3460287 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
Patricia A. Straubinger
11320 6th Street East.
Treasure Island, FL 33706 US

10. Name and Address of New Registered Agent
81 Name Donald Beggs III
82 Street Address (P.O. Box Number is Not Applicable) 6511 Dartmouth Avenue N.
83
84 City St. Pete FL 85 Zip Code 33710

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 *Donald Beggs III* *Donald Beggs III* 9/17/97

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	Paul R. Straubinger
STREET ADDRESS	11320 6th St E
CITY-ST-ZIP	TI FL 33706
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	Pat Straubinger
STREET ADDRESS	11320 6th St. E
CITY-ST-ZIP	TI FL 33706
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donald Beggs III
1.3 STREET ADDRESS	6511 Dartmouth Ave N.
1.4 CITY-ST-ZIP	St. Pete FL 33710
2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kerry S. Beggs
2.3 STREET ADDRESS	6511 Dartmouth Ave
2.4 CITY-ST-ZIP	St. Pete FL 33710
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William Keikes
3.3 STREET ADDRESS	31242 Soaring Hawk Ln
3.4 CITY-ST-ZIP	Sorrento, FL 32776
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	500002307075--3
4.4 CITY-ST-ZIP	-09/29/97--01192--021
5.1 TITLE	****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	8/25/97
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kerry Beggs Secretary *Kerry Beggs* 8/25/97 (813) 391-3223 323-2424

CR2E034 (9/96)