Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90127 039 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **K99323**

1. Corporation Name

OLD TIME BOAT CO., INC.

Principal Place	of Rusiness	Mailing Address			<b></b>	#	1 <b>119</b>	IDII GIDII BIDII O	ICOLY BIBSI COOL	
1661 WEST UNIVERSITY PARKWAY		1661 WEST UNIVERSITY PARKWAY								
. —		D Sarasota FL 34243			DO NOT WRITE IN THIS SPACE					
US US					3. Date Inc	3. Date Incorporated or Qualifed				
					06/30/	/1989				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Nur			Ap	plied For	
21 2751	8C CB 561	26 P. O. BOX	ントム		65-014	40963		No	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.	14-04		E Cortifor	te of Status Desired		\$8.75	Additional	
22 Tay	ares FL 32718	27 Mt Dora	FL	<u> </u>	5. Certifica	te di Status Desired	. <u> </u>	Fee Re	equired	
City & State	_	City & State	,		6. Election	Campaign Financing		\$5.00	May Be	
23 32	<u> </u>	28 32756	<u> </u>			und Contribution		Added 1	to Fees	
Zip	Country	Zip	Country			rporation owes the cu	rrent year Int			
24	25	1	30			al Property Tax.	D1-4	⊈ Yes	□No	
	9. Name and Address of Current	Registered Agent	81	Nama	10. Name a	and Address of New	Registerea	Agent		
SCHI	EDR GARY G		81	Name						
SCHERB GARY G 1661D UNIVERSITY PARKWAY			82	Street Ac	Address (P.O. Box Number is Not Acceptable)					
	ASOTA FL 34243			290:	<u>S hake</u>	shore Dr	(७७)			
SAN	4301A FE 34243		83	m+	Dora					
	*		84	City	P 01.00	<del>.</del>		85 Zip (	Code	
							<u> </u>		2757	
11 Pursuant	to the provinces of Captions CO7 0502	and 607 1508. Florida Statutes	the above	-comedica	propration submits	s this statement for th	e purpose of	changing its	registered	
office or r	to the provisions of Sections 607.0502	Florida Such change was auf	horized by	the comora	ation's board of d	irectors. I hereby acco	ent the annoi	ntment as re	gistered i	
office or re	egistered agent, or both, in the State of mailiar with, and accept the obligation	Florida. Such change was aut	horized by	the comora	ation's board of d	irectors. I hereby acco	ept the appoi	intment as re	gistered	
office or re agent. I a	egistered agent, or both, in the State of	Florida. Such change was aut ons of, Section 607.0505, Floric	horized by da Statutes.	the corpora	ation's board of d	irectors. I hereby acc	ept the appoi	intment as re	gistered	
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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 607, 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP