

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90127 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K99323

1. Corporation Name
OLD TIME BOAT CO., INC.



Principal Place of Business 1661 WEST UNIVERSITY PARKWAY D SARASOTA FL 34243 US	Mailing Address 1661 WEST UNIVERSITY PARKWAY D SARASOTA FL 34243 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1989	
4. FEI Number 65-0140963	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 27518C CR 561 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1245 Suite, Apt. #, etc.		
22 Tavares, FL 32778 City & State	27 Mt Dora, FL City & State		
23 32778 US Zip Country	28 32736 US Zip Country		
24	25	29	30

9. Name and Address of Current Registered Agent

SCHERB GARY G
1661D UNIVERSITY PARKWAY
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2905 Lakeshore Drive
83 City	Mt Dora
84 City	FL
85 Zip Code	32757

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHERB, GARY G.	
STREET ADDRESS	1661D UNIVERSITY PARKWAY	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SCHERB, CAROLE I.	
STREET ADDRESS	1661D UNIVERSITY PARKWAY	
CITY-ST-ZIP	SARASOTA FL 34243	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2905 Lakeshore Drive
1.4 CITY-ST-ZIP	Mt Dora, FL 32757
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2905 Lakeshore Drive
2.4 CITY-ST-ZIP	Mt Dora, FL 32757
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Carole Scherb* SIGNATURES REQUIRED 4/27/99 352-742-0475
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)