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	#	L40096
4 Composition Nome		

MELVIN B. GAINES YACHT BROKE	RAGE, INC			
Principal Place of Business	Mailing Address			
% MELVIN B. GAINES 520 COMMERCE DR. PANAMA CITY BEACH FL 32408	P O BOX 27539 520 COMMERCE DR. PANAMA CITY BEACH FL 32408			FON OO
US	US			3. Date Incorporated or Qu 01/01/1990
2. Principal Place of Business 21 // 22 Redfish Circl	e 26 PO BOX 2	75	39	4. FEI Number 59-2983297
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desi
City & State 23 Panama City, FL	City & State	۲,	FL	Election Campaign Finar Trust Fund Contribution
Zip Country / 24 32411 25	Zip Co 29 32411 - 7539 30	untrý 	USA	This corporation owes the Personal Property Tax.
9. Name and Address of Currer	nt Registered Agent	T		10. Name and Address of
CAMES MELVIN D		81	Name	
Gaines, Melvin B. 1122 Redfish Circle P <u>o Box 2</u> 7	539	82	Street Addre	ess (P.O. Box Number is Not A
PANAMA CITY BEACH FL 32408)	83		
\sim		84	City	

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90017 022 ***150.00



DO NOT WRIT	EINT	THIS SPACE			
Incorporated or Qualifed					
01/1990					
Number		Applied For			
2983297		Not Applicable			
ifcate of Status Desired		\$8.75 Additional Fee Required			
tion Campaign Financing		\$5.00 May Be Added to Fees			
corporation owes the curre conal Property Tax.	nt yea	r tntangible ☐ Yes ☐ No			

New Registered Agent cceptable) Zip Code 724 \\-7539

registered 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO			
TITLE	D DELETE	1.1 TITLE		Change	☐ Addition		
NAME	GAINES, MELVIN B.	1.2 NAME	0-1-529				
STREET ADDRESS	THE COLUMNIC OF SE	1.3 STREET ADDRESS	LO BOX X1091		2000		
CITY-ST-ZIP	PANAMA CITY BCH FL	1.4 CITY-ST-ZIP	Parama City, FL	32411-			
TITLE	☐ DELETE	2.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Change	☐ Addition		
NAME		2.2 NAME			{		
STREET ADDRESS		2.3 STREET ADDRESS			Į		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP					
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition		
NAME		3.2 NAME			}		
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE		Change	Addition		
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition		
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS		4			
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TTLE		☐ Change	☐ Addition		
NAME		6.2 NAME			1		
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF

Daytime Phone #