

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000087391 (5)**

1. Corporation Name

**DOCK MASTERS OF BAY, INC.**



Principal Place of Business

Mailing Address

7950 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32407

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PANAMA CITY BEACH FL 32407

3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **2317 THOMAS DRIVE**

26 **2317 THOMAS DRIVE**

4. FEI Number

**59-3344600**

Applied For Not Applicable

22 \_\_\_\_\_

27 \_\_\_\_\_

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 **PANAMA CITY BEACH, FL**

28 **PANAMA CITY BEACH, FL**

6. Election Campaign Financing Trust Fund Contribution

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

24 **32408**

25 **USA**

29 **32408**

30 **USA**

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**SARTE', JAIME**  
7950 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent

81 Name **JAIMÉ SARTE'**  
82 Street Address (P.O. Box Number is Not Acceptable) **2317 THOMAS DRIVE**  
83 \_\_\_\_\_  
84 City **PANAMA CITY BEACH** FL 85 Zip Code **32408**

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 officer 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 *Jaime Sarte'* **JAIMÉ SARTE', SEC.**

**5/1/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>JIM VIDER</b>	
STREET ADDRESS	<b>8017 NORTH LAGOON DR.</b>	
CITY-ST-ZIP	<b>PANAMA CITY BEACH, FL 32408</b>	
TITLE	<b>V.P.</b>	<input type="checkbox"/> DELETE
NAME	<b>WESLEY LEVINS</b>	
STREET ADDRESS	<b>10510 FRONT BEACH ROAD</b>	
CITY-ST-ZIP	<b>PANAMA CITY BEACH, FL 32408</b>	
TITLE	<b>THREASURER</b>	<input type="checkbox"/> DELETE
NAME	<b>GEORGE BROWN</b>	
STREET ADDRESS	<b>6225 CAUSEWAY ROAD</b>	
CITY-ST-ZIP	<b>PANAMA CITY BEACH, FL 32408</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>JAIMÉ SARTE'</b>	
STREET ADDRESS	<b>6927 NORTH LAGOON DR</b>	
CITY-ST-ZIP	<b>PANAMA CITY BEACH, FL 32408</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jaime Sarte'* **JAIMÉ SARTE', SECRETARY**

**5/1/96**

**904-2330200**

CR2E034 (12/95)