

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90230 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000027545**

1. Corporation Name  
**LEE COUNTY MARINE SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1430 ROSE GARDEN RD.  
 CAPE CORAL FL 33914**

Mailing Address  
**12670 NEW BRITANNY BLVD  
 SUITE 101  
 FORT MYERS FL 33907  
 US**

3. Date Incorporated or Qualified  
**03/26/1997**

4. FEI Number  
**65-0745777**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24** **25** **29** **30**

2a. Mailing Address  
**26** **1430 Rose Garden Road**  
**27** Suite, Apt. #, etc.  
**28** **Cape Coral, FL**  
**29** **33914** **30** **USA**

9. Name and Address of Current Registered Agent  
**ROYSTON, ROBERT D**  
**12670 NEW BRITANNY BLVD.**  
**FT. MYERS FL 33907**

10. Name and Address of New Registered Agent  
**81** Name  
**Ernest A. Seemann**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**1105 Cape Coral Pkwy, East, Suite C**  
**83**  
**84** City **Cape Coral** **FL** **85** Zip Code **33904**

11. Pursuant to the provisions of Sections 607.002 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]* DATE **2/3/99**

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, PATRICK	
STREET ADDRESS	1430 ROSE GARDEN RD.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	FROHNHOEFER, JOSEPH	
STREET ADDRESS	1430 ROSE GARDEN RD.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CLEARY, ROBERT	
STREET ADDRESS	1430 ROSE GARDEN RD.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BECK, RAINER	
STREET ADDRESS	1430 ROSE GARDEN RD.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
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 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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Beck, Monika	
5.3 STREET ADDRESS	1430-Rose Garden Road	
5.4 CITY-ST-ZIP	Cape Coral, FL 33914	
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Barnosky, John E.	
6.3 STREET ADDRESS	21551 Edgewater Drive	
6.4 CITY-ST-ZIP	Port Charlotte, FL 33952	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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]* DATE: **11/2/1999** (941) 945-4820

CR2E034 (11/98)