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**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90097 019 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P97000098250**

1. Corporation Name  
**FLORIDA DOCK, INC.**



Principal Place of Business  
**295 E. HWY. 30 STE. 3  
 CLERMONT FL 34711**

Mailing Address  
**P.O. BOX 121313  
 CLERMONT FL 34712**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 1029 W. Juniata St.**  
 Suite, Apt. #, etc.

2a. Mailing Address  
**26**  
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
**11/17/1997**

4. FEI Number  
**59-3485461**

Applied For  
 Not Applicable

22  
 City & State

27  
 City & State

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23  
 Zip Country

28  
 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24  
 Zip Country

29  
 Zip Country

30  
 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, ROBERT K  
 18638 S.R. 19  
 GROVELAND FL 34736**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, ROBERT K</b>	1.2 NAME	
STREET ADDRESS	<b>18638 SR 19</b>	1.3 STREET ADDRESS	<b>530 East Ave.</b>
CITY-ST-ZIP	<b>GROVELAND FL 34736</b>	1.4 CITY-ST-ZIP	<b>Clermont, FL 34711</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORQUIST, KEN</b>	2.2 NAME	
STREET ADDRESS	<b>490 WEST AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HULL, RONNIE</b>	3.2 NAME	
STREET ADDRESS	<b>12035 HULL RD</b>	3.3 STREET ADDRESS	<b>15 Brandon Petty</b>
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	3.4 CITY-ST-ZIP	<b>401 4th Street</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 11; or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert K Walker**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/99**  
 Date

Jaytime Phone #

CR2E034 (1/98)

CR2E034 1