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May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 255040

(8)

1. Corporation Name

SHALIMAR YACHT BASIN INC

Principal Place of Business

100 OLD FERRY RD/ P O BOX 189
SHALIMAR FL 32579-7189

Mailing Address

100 OLD FERRY RD/ P O BOX 189
SHALIMAR FL 32579-1215

3. Date Incorporated or Qualified

01/17/1962

3a. Date of Last Report

02/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. Box 189

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

59-0951771

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MAXON, ROBERT P
13 MEIGS DRIVE
P.O. BOX 784
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD MAXON, ROBERT P

NAME MAXON, ROBERT P
STREET ADDRESS 13 MEIGS DRIVE
CITY-ST-ZIP SHALIMAR FL

TITLE SD REYNOLDS, MILFORD A

NAME REYNOLDS, MILFORD A
STREET ADDRESS 35 BAY DRIVE S.E.
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE VD MASON, ROBERT P JR.

NAME MASON, ROBERT P JR.
STREET ADDRESS 13 MEIGS DR.
CITY-ST-ZIP SHALIMAR FL

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Maxon, Robert P. Jr

Ph 5/28/97

300002204093

-06/06/97--01048--007

***660.00

14. I do 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.

SIGNATURE:

Robert P. Maxon

CR2E034 (9/96)