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Feb 03 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 # 342274 (8)  
1. Corporation Name  
STEADMAN'S BOAT YARD, INC.



Principal Place of Business Mailing Address  
701 PALM AVE 701 PALM AVE  
KEY WEST FL 33040 KEY WEST FL 33040-7031

— ADDRESS change ONLY

|                                |  |                           |  |  |   |
|--------------------------------|--|---------------------------|--|--|---|
| 2. Principal Place of Business |  | 2a. Mailing Address       |  | 3. Date Incorporated or Qualified                        | 3a. Date of Last Report   |
| 21 1970 N. Roosevelt Blvd      |  | 26 1970 N. Roosevelt Blvd |  | 02/28/1969   | 06/14/1996  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc.       |  | 4. FEI Number  | Applied For   |
| 22                             |  | 27                        |  | 59-1259051   | Not Applicable  |
| City & State                   |  | City & State              |  | 5. Certificate of Status Desired                         | \$8.75 Additional Fee Required  |
| 23 Key West, FL                |  | 28 Key West, FL           |  | <input type="checkbox"/>                                 | \$5.00 May Be Added to Fees   |
| Zip                            |  | Zip                       |  | 6. Election Campaign Financing Trust Fund Contribution   | <input type="checkbox"/>  |
| 24 33040                       |  | 29 33040                  |  | 30 MONROE  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |
| Country                        |  | Country                   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| 25 MONROE                      |  | 30 MONROE                 |  |  |   |

9. Name and Address of Current Registered Agent

PUTNAM, ELEANOR P.  
701 PALM AVE.  
KEY WEST, FL  
KEY WEST 33040

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | P<br>PUTNAM, RONALD  | 1.1 TITLE   |  |
| NAME                       | 701 PALM AVE         | 1.2 NAME  |  |
| STREET ADDRESS             | KEY WEST, FL 00000   | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S<br>PUTNAM, ELEANOR | 2.1 TITLE   |  |
| NAME                       | 701 PALM AVE.        | 2.2 NAME  |  |
| STREET ADDRESS             | KEY WEST FL          | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 3.1 TITLE   |  |
| NAME                       |                      | 3.2 NAME  |  |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 4.1 TITLE   |  |
| NAME                       |                      | 4.2 NAME  |  |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 5.1 TITLE   |  |
| NAME                       |                      | 5.2 NAME  |  |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 6.1 TITLE   |  |
| NAME                       |                      | 6.2 NAME  |  |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 6.4 CITY-ST-ZIP                                       |  |

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, trustee, or 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

01/02/97

CR2E034 (9/96)