

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **353618** (2)
1. Corporation Name
DUCK KEY MARINA, INC.

Principal Place of Business
**99 GREENBRIAR DR.
DUCK KEY FL 33050**

Mailing Address
**RT 1 BOX 1149
MARATHON FL 33050
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1969	
21		26		4. FEI Number 59-1282236	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27	CHANGE OF ADDRESS	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		28 DUCK KEY MARINA, INC.		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		29 1149 GREENBRIAR RD.			
Zip	Country	Zip	FL 33050		
24		25			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DOCIS, C.R. 99 GREENBRIAR DR. DUCK KEY FL 33050		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	
NAME	DOCIS, C. R.	1.2 NAME	
STREET ADDRESS	101 DUCK KEY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUCK KEY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MILLER, HENRIETTA	2.2 NAME	
STREET ADDRESS	219 10TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAPA KONETA OH	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	MILLER, R. D.	3.2 NAME	
STREET ADDRESS	219 10TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAPA KONETA OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MOOMAW, WM. P.	4.2 NAME	
STREET ADDRESS	SHREWOOD HILLS	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAWYER MI	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 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: *[Signature]* 4/9/98 305-289-0161

CR2E034 (10/97)