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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 362129

1. Corporation Name

OWL CREEK BOAT WORKS AND STORAGE, INC.

Principa	Place	of	Business

Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90132 007 ***150.00



8251 OWL CREEK DRIVE LVA FL 33920	18251 OWL CREEK DRIVE ALVA FL 33920		DO NOT WRITE IN THIS SPACE .		
			3. Date Incorporated or Qualifed 04/02/1970		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
	26		59-1288877	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip Cot 30	untry	This corporation owes the current year In Personal Property Tax.	tangible ☑Yes ☐No	
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	l Agent	
FULTON, WARING T 18251 OWL CREEK DRIVE			dress (P.O. Box Number is Not Acceptable)		
ALVĄ FL 33920		83		•	

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.

84 City

490	•		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature rec	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Add
NAME	FULTON, WARING T.	1.2 NAME	
STREET ADDRESS	18251 OWL CREEK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	1.4 CITY-ST-ZIP	
TITLE	D DELETE	2.1 TITLE	Change Add
NAME	FULTON, JILL N.	2.2 NAME	
_STREET ADDRESS	18251, OWL CREEK DRIVE	2.3 STREET ADDRESS	and the second of the second o
CITY-ST-ZIP	ALVA FL	2.4 CITY-ST-ZIP	
TITLE	□ OELETE	3.1 TITLE	☐ Change ☐ Add
NAME	•	3.2 NAME	
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STREET ADDRESS		4.3 STREET ADDRESS	
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TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Ado
NAME	•	5.2 NAME	
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CITY-ST-ZIP		5.4 CITY-ST-ZIP	printing a second secon
TITLE	☐ DELETE	6.1 TITLE	Change Add
NAME		6.2 NAME	
STREET ADDRESS	}	6.3 STREET ADDRESS	
OIT (OT 7/0		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 expansion with an address, with all other like empowered.

SIGNATURE:

Zip Code

85