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FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 370726 (2)

1. Corporation Name  
JON'S MARINA, INC.

Principal Place of Business

171-B CANAL ST.  
SUWANNEE FL 32692-0315

Mailing Address

POST OFFICE BOX 315  
SUWANNEE FL 32692-0315



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1970

4. FEI Number

59-1321549

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FARMER, NANCY M  
178 CANAL ST.  
SUWANNEE FL 32692

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 ☐ DELETE

NAME P  
FARMER, JON V  
STREET ADDRESS 178 CANAL ST.  
CITY-ST-ZIP SUWANNEE FL 32692-0315

TITLE ☐ DELETE

NAME ST  
FARMER, NANCY M  
STREET ADDRESS 178 CANAL ST.  
CITY-ST-ZIP SUWANNEE FL 32692-0315

TITLE ☐ DELETE

NAME D  
FARMER, CHARLES K  
STREET ADDRESS RR1 BOX 623  
CITY-ST-ZIP STOCKTON GA

TITLE ☐ DELETE

NAME D  
TYRE, GIGI H. FARMER  
STREET ADDRESS 362 MAPLE LANE  
CITY-ST-ZIP LAKE CITY FL

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

T+J RANCH Hwy 55-A  
OLD TOWN FL 32680  
403 BRADY Circle  
LAKE CITY FL 32055

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

Nancy M Farmer

4-27-98

352-542-7111

CR2E034 (10/97)