

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 475709

(2)

1. Corporation Name

BURNT STORE MARINA, INC.

FILED
1995 AUG -2 AM 9:18
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1625 W. MARION AVENUE
PUNTA GORDA FL 33960

Mailing Address

515 OLIVE ST
STE 1400
ST LOUIS MO 63101
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1975

3a. Date of Last Report

08/12/1994

4. FEI Number

59-1633655

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 part of affiliated
group

2. Principal Place of Business

21 8120 S. Suncoast Blvd

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Homosassa FL

28 City & State

29

24 Zip

34446

25 Country

CITRUS

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MCQUEEN, PAULA F.
1625 W MARION AVE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name

James E. Moore III

82 Street Address (P.O. Box Number is Not Acceptable)

1625 W MARION AVE

83

SUITE 2

84 City

PUNTA GORDA

FL

85 Zip Code

33950

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]

JAMES E. MOORE III

(NOTE: Registered Agent signature required when registering)

5/4/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

S + D + C

☒ Change ☐ Addition

P + D

☐ Change ☐ Addition

☒ Change ☐ Addition

DELETE

☒ Change ☐ Addition

AS + T

☐ Change ☒ Addition

Assistant Treasurer

Annette M. Webb

515 OLIVE ST, STE 1400

ST LOUIS MO 63101

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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 my address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-95 314-982-0780