

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 475709 (2)

1. Corporation Name:

BURNT STORE MARINA, INC.



Principal Place of Business

Mailing Address

**8120 S SUNCOAST BLVD
HOMOSASSA FL 34446
US**

**515 OLIVE ST
STE 1400
ST LOUIS MO 63101
US**

2. Principal Place of Business

2e. Mailing Address

21 Suite, Apt #, etc:

26 212 South Central

22 City & State:

27 Suite 100

23 Zip:

28 St. Louis, MO

24 Country:

29 63105

3. Date Incorporated or Qualified

05/14/1975

3a. Date of Last Report

08/02/1995

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. 190.032 Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, JAMES E III
1625 W MARION AVE
STE 2
PUNTA GORDA FL 33950**

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 of Registered Agent (if not a resident agent, then the applicable)

(If the Registered Agent's signature is required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SDC
LOVE, ANDREW S., JR.
515 OLIVE ST, STE 1400
ST. LOUIS MO**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**212 South Central, Suite 100
St. Louis, MO 63105**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCHIFFER, LAURENCE
515 OLIVE ST #1440
ST. LOUIS MO**

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**212 South Central, Suite 100
St. Louis, MO 63105**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SCHIFFER, RODNEY M.
515 OLIVE ST, STE 1400
ST LOUIS MO**

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**212 South Central, Suite 100
St. Louis, MO 63105**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AST
CLEMENT, GLORIA D.
515 OLIVE ST, STE 1400
ST LOUIS MO**

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**212 South Central, Suite 100
St. Louis, MO 63105**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
WEBB, ANNETTE M
515 OLIVE ST STE 1400
ST LOUIS MO**

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**Annette Kovarik
212 South Central, Suite 100
St. Louis, MO 63105**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gloria D. Clement
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA D. CLEMENT

8/5/96 (314) 512-8711

CR2E034 (3/96)