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Apr 28, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 475709

1. Corporation Name
BURNT STORE MARINA, INC.

Principal Place of Business
**8120 S SUNCOAST BLVD
HOMOSASSA FL 34446
US**

Mailing Address
**212 SOUTH CENTRAL
STE 100
ST LOUIS MO 63105
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1975

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1625 West Marion Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 212 SOUTH CENTRAL
Suite, Apt. #, etc.

22 Suite 1
City & State

27
City & State

23 Punta Gorda, FL
Zip Country

28
Zip Country

24 33950 25 USA

29 30

9. Name and Address of Current Registered Agent

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

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 **SDC** ☐ DELETE
NAME **LOVE, ANDREW S., JR.**
STREET ADDRESS **212 SOUTH CENTRAL SUITE 100**
CITY-ST-ZIP **ST LOUIS MO**

TITLE **PD** ☐ DELETE
NAME **SCHIFFER, LAURENCE**
STREET ADDRESS **212 SOUTH CENTRAL SUITE 100**
CITY-ST-ZIP **ST LOUIS MO**

TITLE **AST** ☐ DELETE
NAME **CLEMENT, GLORIA D.**
STREET ADDRESS **212 SOUTH CENTRAL SUITE 100**
CITY-ST-ZIP **ST LOUIS MO**

TITLE **AT** ☐ DELETE
NAME **KOVARIK, ANNETTE**
STREET ADDRESS **212 SOUTH CENTRAL SUITE 100**
CITY-ST-ZIP **ST LOUIS MO**

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

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **Zip is 63105**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **Zip is 63105**

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **Zip is 63105**

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **Zip is 63105**

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE

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

Gloria D. Clement
Assistant Secretary

4/26/99
Date

(314) 512 8711
Daytime Phone #

CR2E034 (11/98)