PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 491372 1. Corporation Name

BEN'S AUTO MARINE SUPPLY, INC.

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90040 011 ***150.00



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Principal Place of Business Mailing Address						1 (10)(1) 2/4/4 (10) (10)	., *1811 MIRIT MIRIT	Preft Stati (SS)
132 S SEGRAVE AVENUE 132 S SEGRAVE AVENUE DAYTONA BEACH FL 32114-4225 DAYTONA BEACH FL 32114-4						DO NOT WRITE IN TH	HIS SPACE	
						3. Date Incorporated or Qualifed		
			•			11/20/1975		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	oplied For
						59-1635448	No	ot Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional
22 27						5. Certifcate of Status Desired	Fee Re	equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year		_
24	25 29		30	<u>o</u>		Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Register	ed Agent	
	DOOM DEMNIC V			81	Name			
EMERSON, DENNIS V.				82 Street Address (P.O. Box Number is Not Acceptable)				
937 DUNCAN RD								
500	TH DAYTONA FL 32119			83				
				84	City		85 Zip	Code
<i>[[</i>					•		L (
office or r agent. I a	egistered agent, or both, in the Stat im familiar with, and accept the oblin	te of Florida. Such change v gations of Section 607,050	was authorizad 5, Florida Stat	utes	the corporation	ration submits this statement for the purpose is board of directors. I hereby accept the ap	pointment as re	egistered
412.55 A 10.55 A 17.55	Signature, typed or printed name of registered a	AND DIRECTORS		Agent	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
		DELET	13. TE 1.1 TI	TIF		ADDITIONS/CHANGES TO OF ICERS	Change	Addition
TITLE	VD FUEDEON DOUGLAS E	المالية المالية	1.2 N					}
NAME	EMERSON, DOUGLAS E				ADDRESS			ĺ
STREET ADORESS					1	•		, [
CITY-ST-ZIP	ORMOND BCH FL	[] DELE		ITY-ST	·ZIP		☐ Change	Addition
TITLE	PD SMEDGON DENNIC V	ليا لالد				•		_ i
NAME	EMERSON, DENNIS V		2.2 N		4BB0500			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	S DAYTONA FL			TITY-ST	1- ZIP		Change	Addition
TITLE	STD SUCHABOTO	DELE! *ایمشید د در داد	TE 3.1 TI					
NAME	EMERSON, RICHARD D				ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP	ORMOND BCH FL			:ITY-81	1-41		☐ Change	[] Addition
TITLE		_ 5444	4.1 II					
NAME			1		ADDRESS			l
STREET ADDRESS								•
CITY-ST-ZIP				ITY-ST	-ZIP		Change	☐ Addition
TITLE		_ 5666	5.1 N					
NAME	,				ADDRESS			J
STREET ADDRESS		•		ITY-ST				ļ
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELE		_	-		Change	Addition
TITLE			6.2 N				٠	
NAME					ADDRESS			
STREET ADDRESS		• •		ITY-ST			ţ.	
מול דם עלות			■ 0.4 ℃					I

14. 1 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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR