

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Feb 27, 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 # 501025

1. Corporation Name  
**LAND YACHT HARBOR OF MELBOURNE, INCORPORATED**



Principal Place of Business Mailing Address  
 201 N. JOHN RODES BLVD. A-1 MELBOURNE FL 32934-6671  
 201 N. JOHN RODES BLVD. A-1 MELBOURNE FL 32934-6671

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/13/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1827148	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 25		29 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHINE, THOS. E. 500A HARBOR CITY BLVD PO BOX 361293 MELBOURNE FL 32934				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, BOB		1.2 NAME	Darsey, William N.	
STREET ADDRESS	201 N JOHN RODES BLVD		1.3 STREET ADDRESS	201 N. John Rodes Blvd.	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JACK		2.2 NAME		
STREET ADDRESS	201 N JOHN RODES BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 00000 32934		2.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMPHREYS, HENRY		3.2 NAME	Mitchell, Edward	
STREET ADDRESS	201 N JOHN RODES BLVD		3.3 STREET ADDRESS	201 N. John Rodes Blvd.	
CITY-ST-ZIP	MELBOURNE, FL 00000		3.4 CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARSEY, WILLIAM N		4.2 NAME	Williams, James B.	
STREET ADDRESS	201 N JOHN RODES BLVD		4.3 STREET ADDRESS	201 N. John Rodes Blvd.	
CITY-ST-ZIP	MELBOURNE, FL 00000 32934		4.4 CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, RAY		5.2 NAME		
STREET ADDRESS	201 N JOHN RODES BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROHN, BOB		6.2 NAME		
STREET ADDRESS	201 N JOHN RODES BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 00000		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: *James B. Williams* 1-29-99 402-254-6398  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)