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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 501337** 

(0)

TARRON RAV MARINA INC

IAMPON	OAT MANINA, INC.							
Principa: Plac	ce of Business	Mailing Addres	is		************	- I SERVAN BININ BOURL NAME WINE WILL SOEN	DIDIN BIBUI DIDIN DIDIN DIDIN BIBIN 1001	
17711 SAN CARLOS BLVD. FT. MYERS BEACH FL 33931			17711 SAN CARLOS BLVD. FT. MYERS BEACH FL 33931-3015					
						3. Date Incorporated or Qualified 04/16/1976	3a. Date of Last Report 04/16/1996	
2. Principal l	Place of Business	2s. Mailing Add	Iress	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	Applied For	
21		26				NOT APPLICABLE	Not Applicab	е
Suite, Apt	#, etc.	Suite, Apt. i	#, etc			5. Certificate of Status Desired	\$8.75 Additional	
22 Cdv & Sla	bo	City & State	City & State				Fee Required	$\dashv$
City & State		28	ļ '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
<b>23</b> Zip	Country	Zip		Country		8. This corporation has liability for	710000101000	
24	25	29	3	10			Yes No	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered Agent	
HAN	MBY, ELEANOR C.			B1	Name			
	11 SAN CARLOS BLVD.				Street Add	ess (P.O. Box Number is Not Acceptable)		
FT.	MYERS BEACH FL 33931			83				
				<u> </u>				
				84	City		FL 85 Zip Code	İ
11. Pursuant office or agent 1	t to the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob-	0502 and 607,1508, Flor ate of Florida, Such cha pligations of, Section 60	rida Statutes inge was au 7.0505, Flori	s, the above thorized by ida Statutes	e-named cor the corpora	poration submits this statement for the partition's board of directors. I hereby acceptions	ourpose of changing its registere of the appointment as registered	d
SIGNATURE								_
	Stgrature, typed or perfect renural registered	Layent and title if applicable.  AND DIRECTORS	(NOTE:		ont signature requ	Ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	_
<b>12.</b>	STD		DELETE	13. 1.1 TUTLE		ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	RODRIGUEZ, DEBORAH	H	DEFECT	1.2 NAME			E onungo E roduir	<i>"</i>
STREET ADDRESS	40000 0 OHDUIN OID			1.3 STREET	Anneree			İ
CITY-ST-ZIP	FT MYERS FL			1.4 CITY - S	· 1			١
THEE	DP		DELETE	2.1 TITLE	71 - ER		Change Additi	on on
NAME	HAMBY, ELEANOR C.	<del></del>		2.2 NAME			-	
STREET ADURESS	ATTAL OAN OADLOO DIND			2.3 STREET	ADDRESS	······································		ı
C(1Y-51-Z)P	FT. MYERS BEACH FL			2. 4 CITY -				
TULE			DELETE	3.1 TITLE			☐ Change ☐ Additi	on
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3 4. CITY-:	ST · ZIP		•	
TOTALE			DELETE	4 1 TITLE			☐ Change ☐ Additi	an
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	AODRESS			
CITY - S1 - 7/P		_		4.4 CITY-S	ST-ZIP			
TITLE			DELETE	5.1 TITLE			Change Addition	วก
NAME				5.2 NAME				
STREET ADDRESS				5.3 \$1REE1	ADDRESS			
CITY - ST - ZIP				5.4 CITY - 9	ST-ZIP			
11TLF			DELETE	6.1 TITLE	<del>-</del>		Change Additi	on .

6.4 CITY-ST-ZIP 14. I do 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 B'ock 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.2 NAME

NAME

STREET ADDRESS

CITY-\$1-712

**FILED** 

Mar 04 1997 8:00am

Secretary of State