

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90009 040 ***150.00

051943

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 516229

1. Corporation Name

FISHERMAN'S COVE OF STUART, INC.

Principal Place of Business

**4361 SE CHESAPEAKE BAY DR.
P.O. BOX 1830
STUART FL 34997**

Mailing Address

**4361 SE CHESAPEAKE BAY DR.
P.O. BOX 1830
STUART FL 34997**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1976

4. FEI Number

59-1703222

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**QUINN, ARTHUR G.,JR.
4326 SW LEIGHTON FARMS
STUART, FL
PALM CITY 34997**

10. Name and Address of New Registered Agent

81. Name

Quinn, Arthur G. III

82. Street Address (P.O. Box Number is Not Acceptable)

4256 S.W. Leighton Farm

83.

84. City

Palm City

FL

85. Zip Code
34990

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

Arthur G. Quinn III President

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 **PD** ☒ DELETE

NAME **QUINN, ARTHUR**
STREET ADDRESS **4326 SW LEIGHTON FARMS**
CITY-ST-ZIP **PALM CITY FL**

TITLE **STVD** ☒ DELETE

NAME **QUINN, ARTHUR III**
STREET ADDRESS **4256 SW LEIGHTON FARM**
CITY-ST-ZIP **PALM CITY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE **PSTD** ☒ Change ☐ Addition

1.2 NAME **Quinn, Arthur G. III**
1.3 STREET ADDRESS **4256 S.W. Leighton Farm**
1.4 CITY-ST-ZIP **Palm City, FL 34990**

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME **Virginia Merritt**
2.3 STREET ADDRESS **4395 Ludlum**
2.4 CITY-ST-ZIP **Palm City, FL 34990**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(l), 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:

Arthur G. Quinn, III

2/16/99 (561) 287-5406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)