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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734984** (8)

1. Corporation Name

HOMOSASSA SAFE BOATING, INC.

Principal Place of Business

Mailing Address

P.O. BOX 547
HOMOSASSA FL 34487-0547
US

P.O. BOX 547
HOMOSASSA FL 34487-0547
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1976		3a. Date of Last Report 02/09/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2466084		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EUBANKS, MINNIE M
6139 S. ROYAL DR.
HOMOSASSA FL 34487

81 Name	MOQUIN, Napoleon P.
82 Street Address (P.O. Box Number is Not Acceptable)	7115 W. Matador Lane
83	
84 City	HOMOSASSA
85 Zip Code	FL 34446

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Napoleon P. Moquin* **Napoleon P. MOQUIN** T/D **4-15-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, CLIFFORD H	1.2 NAME	Krom, John
STREET ADDRESS	5450 S. ISLAND DR.	1.3 STREET ADDRESS	542 E. Buckingham Drive
CITY-ST-ZIP	HOMOSASSA FL 34448	1.4 CITY-ST-ZIP	Locanto, FL, 34461
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENKEN, JOHN V	2.2 NAME	Pierce, Rodney J.
STREET ADDRESS	5030 S. STETSON POINT DR.	2.3 STREET ADDRESS	11826 W. Waterway Drive
CITY-ST-ZIP	HOMOSASSA FL 34448	2.4 CITY-ST-ZIP	HOMOSASSA, FL, 34448
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUBANKS, MINNIE M	3.2 NAME	Hite, William E.
STREET ADDRESS	6139 S. ROYAL DR.	3.3 STREET ADDRESS	2238 S. Waterman
CITY-ST-ZIP	HOMOSASSA FL 34487	3.4 CITY-ST-ZIP	Crystal River, FL 34429
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, JOHN R	4.2 NAME	MOQUIN, Napoleon P.
STREET ADDRESS	6470 W. ROSEDALE DR.	4.3 STREET ADDRESS	7115 W. MATADOR Lane
CITY-ST-ZIP	HOMOSASSA FL 34448	4.4 CITY-ST-ZIP	HOMOSASSA, FL, 34446
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPER, VAUGHN JOSEPH	5.2 NAME	Palioca, Charles A.
STREET ADDRESS	8298 W. PROMENADE DR.	5.3 STREET ADDRESS	106 Byrsonima circle
CITY-ST-ZIP	HOMOSASSA FL 34448	5.4 CITY-ST-ZIP	HOMOSASSA, FL, 34446
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARIN, LARRY E.	6.2 NAME	
STREET ADDRESS	8 PLUM COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)