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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. 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 P.O. BOX 547 HOMOSASSA FL 34487-0547 US	Mailing Address P.O. BOX 547 HOMOSASSA FL 34487-0547 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/18/1976	4. FEI Number 59-2466084	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

8. Name and Address of Current Registered Agent
MOQUIN NAJOOLEAN P.
7115 W MATADOR LANE
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent
 81 Name **Rodney J Pierce**
 82 Street Address (P.O. Box Number is Not Acceptable)
11826 W. WATERWAY DRIVE
 83
 84 City **HOMOSASSA** FL 85 Zip Code **34448**

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 **Rodney J Pierce** **Rodney J Pierce** **3/31/98**
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	<input type="checkbox"/> DELETE
NAME	KROM, JOHN	
STREET ADDRESS	842 E BUCKINGHAM DR	
CITY-ST-ZIP	LEACANTO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PIERCE, RODNEY J.	
STREET ADDRESS	11826 W WATERWAY DR	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HITE, WILLIAM E.	
STREET ADDRESS	2238 S WATERMAN	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOQUIN, NAJOOLEAN P.	
STREET ADDRESS	7115 W MATADOR LANE	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALIOCA, CHARLES A.	
STREET ADDRESS	108 BYRSONIMA CIR	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEARIN, LARRY E.	
STREET ADDRESS	8 PLUM COURT	
CITY-ST-ZIP	HOMOSASSA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rodney J Pierce	
1.3 STREET ADDRESS	11826 W. WATERWAY DRIVE	
1.4 CITY-ST-ZIP	HOMOSASSA, Florida 34448	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILBUR, B. SCOTT	
2.3 STREET ADDRESS	8975 W. HALLS RIVER ROAD	
2.4 CITY-ST-ZIP	HOMOSASSA, Florida 34448	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARL E. SMITH JR	
3.3 STREET ADDRESS	27 CHIMP KAPIN CIRCLE	
3.4 CITY-ST-ZIP	HOMOSASSA, Florida 34446	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LARRY E. SHEARIN	
4.3 STREET ADDRESS	8 PLUM COURT	
4.4 CITY-ST-ZIP	HOMOSASSA, Florida 34448	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DOMINIC A. PANARISI	
5.3 STREET ADDRESS	1259 S. BROOKFIELD DRIVE	
5.4 CITY-ST-ZIP	LEACANTO, Florida 34461	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HARRY F COOPER	
6.3 STREET ADDRESS	P.O. BOX 1539 (N.A.)	
6.4 CITY-ST-ZIP	HERNANDO, Florida 34442	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Rodney J Pierce** **Rodney J Pierce** **3/31/98** **6287244**

CR2E037 (10/97)