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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 734984

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/18/1976

4. FEI Number

59-2466084

☒ 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

9. Name and Address of Current Registered Agent

PIERCE, RODNEY J
11826 W. WATERWAY DR
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 1/15/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VD
NAME SCOTT, WILBUR B ☒ DELETE
STREET ADDRESS 8975 WATTELS RIVER ROAD
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE PD
NAME PIERCE, RODNEY J ☐ DELETE
STREET ADDRESS 11826 W WATERWAY DR
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE SD
NAME SMITH, CARL S SR ☒ DELETE
STREET ADDRESS 27 CHIMPKAPIN CIR
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE D
NAME PANARISI, DOMINIC A ☐ DELETE
STREET ADDRESS 1259 S. BROOKFIELD DR
CITY-ST-ZIP LECANTO FL 34461

TITLE D
NAME COOPER, HARRY F ☒ DELETE
STREET ADDRESS P. O. BOX 1539 N/A
CITY-ST-ZIP HERNANDO FL 34442

TITLE TD
NAME SHEARIN, LARRY E. ☐ DELETE
STREET ADDRESS 8 PLUM COURT
CITY-ST-ZIP HOMOSASSA FL 34448

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☐ Change ☒ Addition
1.2 NAME ALGER, JOHN B.
1.3 STREET ADDRESS 5270 S RIVERVIEW CIR
1.4 CITY-ST-ZIP HOMOSASSA, FL 34448

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME PIERCE, RODNEY J
2.3 STREET ADDRESS 11826 W WATERWAY DR
2.4 CITY-ST-ZIP HOMOSASSA, FL 34448

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME MOQUIN, NAPOLEON P
3.3 STREET ADDRESS 7115 W MATADOR LN
3.4 CITY-ST-ZIP HOMOSASSA, FL 34446

4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME PANARISI, DOMINIC A
4.3 STREET ADDRESS 1259 S. BROOKFIELD DR
4.4 CITY-ST-ZIP LECANTO, FL 34461

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME PALIOCA, CHARLES
5.3 STREET ADDRESS 106 BYRSONIMA CIR
5.4 CITY-ST-ZIP HOMOSASSA, FL 34446

6.1 TITLE PD ☒ Change ☐ Addition
6.2 NAME SHEARIN, LARRY E
6.3 STREET ADDRESS 8 PLUM COURT
6.4 CITY-ST-ZIP HOMOSASSA, FL 34448

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, with another like empowered.

SIGNATURE: *JOHN B. ALGER* RECAPTURED JAN 14, 1999 352 628-5382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)