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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

05-10-1999 90179 014 ****61.25
FILED 754418
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG 20 PM 2:18

DOCUMENT # 754418

1. Corporation Name
APALACHEE BAY MARINE SAFETY SUPPORT GROUP, INC.

Principal Place of Business	Mailing Address
1557 SHELL POINT RD CRAWFORDVILLE FL 32327 US	1557 SHELL POINT RD CRAWFORDVILLE FL 32327 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/20/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2928401 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KINNEBREW, T.N.
~~19 GULF BREEZE CT.~~ 2812 Springdale Dr.
~~CRAWFORDVILLE FL 32327~~ TALLAHASSEE, FL 32312

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WOOLINGTON, W ANDY		1.2 NAME		
STREET ADDRESS	24 MATHERS FARM RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, JODY		2.2 NAME		
STREET ADDRESS	121 ROYSTER DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALVERSON, SHERRIE D		3.2 NAME	John D. ESKRIDGE, JR	
STREET ADDRESS	19 ALVERSON WAY		3.3 STREET ADDRESS	19 Gulf Breeze Ct.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		3.4 CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOYLE, JIMMIE		4.2 NAME		
STREET ADDRESS	40 CARROLL DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROSENAU JACK C		5.2 NAME		
STREET ADDRESS	1177 OLD FORT DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, ROBERT M		6.2 NAME		
STREET ADDRESS	112 ROYSTER DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		6.4 CITY-ST-ZIP		

8/18/20

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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 20 AUG 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)