1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F36326 1. Corporation Name

MINER'S MARINA, INC.

**FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90041 016 \*\*\*150.00



|   |   |                                   |                           |   |   | I DALE GIBAL BADIL BIDAL       |          |              |
|---|---|-----------------------------------|---------------------------|---|---|--------------------------------|----------|--------------|
| Principal Place                                     | e of Business   | Mailing Address                   |                           |   |   |                                |          |              |
| 8685 NORTH U<br>SEBASTIAN FL                        | 8685 N. U.S. 1<br>Sebastian Fl 32976 - 🚄  | 3. 1<br>FL 32976 - コレバ            |                           | DO NOT WRITE  | IN THIS SPACE                               | <u> </u>                       |          |              |
| US  |   |                                   |                           |   | 3. Date incorporated or Qualifed 05/26/1981 |                                |          |              |
| Principal Place of Business     2a. Mailing Address |   |                                   | n: (c)                    |   | 4. FEI Number                               |                                | App      | lied For     |
| 21  | 26 339  |                                   | 76-26-10                  |   | 59-2107754                                  |                                |          | Applicable   |
| Suite, Apt. #, etc.                                 |   | Suite, Apt #, etc                 |                           | Certificate of Status Desired   | 1 1   | \$8.75 Additional Fee Required |          |              |
| City & State  |   | City & State                      |                           | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees |   |                                |          |              |
| 23 Zip  | Country   | Zip                               | Country                   |   | 8. This corporation owes the current        |                                |          |              |
| 24  | [25]  | 29 3                              | · ¬                       |   | Personal Property Tax                       | ☐ Yes                          |          | JNo          |
| 241   | 9. Name and Address of Curre  |                                   | <u></u>                   |   | 10. Name and Address of New Re              | gistered Agent                 |          |              |
|   |   | <u> </u>                          | 81                        | Name  |   |                                |          |              |
| vandevoorde, rene g                                 |   |                                   | 82                        | Street Add  | ress (P.O. Box Number is Not Acceptable     | le)                            |          | <del></del>  |
|   | 7 NORTH CENTRAL AVENUE  |                                   | 62                        | Sucel Add   | 1000 (1. O. DOX LARRIDO) 10 LAGE VICECTURE! | ·-,                            |          |              |
| SEB   | Bastian FL 32958  |                                   | 83                        |   |   |                                |          |              |
|   |   |                                   | 84                        | City  |   | FL 85                          | Zip Co   | ode          |
| 44 5  | to the annuicing of Cootings 607 05   | 12 and 607 1509. Elorida Statutes | the above                 | a-named corr  | poration submits this statement for the pu  | urpose of changi               | ng its r | egistered    |
| office or I   | registered agent, or both, in the State am familiar with, and accept the obligations. | of Florida. Such change was auti  | norized by                | the corporati   | on's board of directors. I hereby accept    | the appointment                | as regi  | stered       |
| SIGNATURE   | Signature, typed or printed name of registered age                                    | and title if anningable NOTE R    | ecustered Adel            | it signature regum  | ed when reinstating)                        | DATE                           |          |              |
| 12.   |   | ND DIRECTORS                      | 13.                       |   | ADDITIONS/CHANGES TO OFF                    | CERS AND DIR                   | ECTOF    | RS IN 12     |
| TITLE   | Р   | DELETE                            | 1 \ TITLE                 |   |   | ☐ Ch                           |          | Additio      |
| NAME  | MINER, BARBARA  |                                   | 1.2 NAME                  |   |   |                                |          |              |
| STREET ADDRESS                                      | 400 COCCUUT DALM DD   |                                   | 13 STREE                  | ADDRESS   |   |                                |          |              |
| CITY-ST-ZIP   | BOCA RATON, FL 00000  |                                   | 14 CITY+S                 | T- ZIP  |   |                                |          |              |
| TITLE   | V   | ☐ DELETE                          | 2 1 TITLE                 |   |   | ☐ Ch                           | ange     | Addition     |
| NAME  | MINER, DOUGLAS R  |                                   | 22 NAME                   |   |   |                                |          |              |
| STREET ADDRESS                                      | 605 SEMBLER ST.   |                                   | 23 STREE                  | ADDRESS   |   |                                |          |              |
| CITY-ST-ZIP   | SEBASTIAN, FL 00000   |                                   | 2 4 CITY-5                | IT-ZIP  |   |                                |          |              |
| TITLE   | ST  | DELETE                            | 311111                    |   |   | ☐ Ch                           | ange     | Addition     |
| NAME  | MINER, MARY S   |                                   | 32 NAME                   |   |   |                                |          |              |
| STREET ADDRESS                                      |   |                                   | 4                         | ADDRESS   |   |                                |          |              |
| CITY- ST- ZIP                                       | SEBASTIAN, FL 00000   | m na. are                         | 34 CITY-S                 | ST-ZIP  |   |                                |          | Addition     |
| TITLE   |   | ☐ DELETE                          | 4:TITLE                   |   |   | Пс                             | allyc    | L_J AGUILIOI |
| NAME  |   |                                   | 4 2 NAME                  |   |   |                                |          |              |
| STREET ADDRESS                                      | 5   |                                   | li .                      | T ADORESS   |   |                                |          |              |
| CITY-ST-ZIP   |   |                                   | 4 4 CITY - S<br>5 1 TITLE | T-ZIP   |   |                                |          | Addition     |
| TITLE   |   | רי טבניניה .                      | 51 IFFEE<br>52 NAME       |   |   |                                |          |              |
| NAME  |   |                                   | 53 STREE                  | TADDRESS  |   |                                |          |              |
| STREET ADDRESS                                      |   |                                   | 54 CITY-S                 |   |   |                                |          |              |
| CITY-ST-ZIP   |   |                                   | 6 1 TITLE                 | . 47  |   | ∏ Ch                           | nange    | Additio      |
| TITLE   |   |                                   | 5.2 NAME                  |   |   |                                | ÷-       |              |
| NAME  |   |                                   |                           | TADORESS  |   |                                |          |              |
| STREET ADDRESS                                      |   |                                   | 64 CITV. S                |   |   |                                |          |              |
|   |   |                                   |                           |   |   |                                |          |              |

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the strue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an elegal effect as if made under oath; that I am an elegal effect as if made under oath; that I am an elegal effect as if made under oath; that I am an address, with all other like empowered. 14. I hereby certify that the information supplied with this filing indicated on this annual report or supple officer or director of the corporation of Block 12 or Block 13 if changed, or on

SIGNATURE: