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Jul 19, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000003187

1. Corporation Name

NAME

STREET ADDRESS

NICEVILLE MARINE SERVICE & SALES, INC.

Principal Place	of Business	Mailing Address				I (\$81168 tire (\$161 Bill) sein sei		1188 illu: 1186: 41	2(1) 1921 1221
792 E. JOHN SIMS PKWY NICEVILLE FL 32578		792 E. JOHN SIMS PKWY NICEVILLE FL 32578							
					\	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 06/30/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	olied For
21		26			Ì	59-288 13 <u>5</u> 1		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- ~	5. Certificate of Status Desired		\$8.75 A	
City & State	e	City & State				6. Election Campaign Financing		\$5.00 t	May Be
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country				8. This corporation owes the current year Intangible			
24	25	29 3	0			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	tegistered /	Agent	
1ACTIN	ICTOCK MICHAEL		8	1 Name	D	ione Weinsto	αX		
WEINSTOCK, MICHAEL				2 Street A	Addres:	s (P.O. Box Number is Not Accepta	able)		
795 E. JOHN SIMS PKWY			82 Street Addre						
NICEVILLE FL 32578			8	3 71	เกา	LE John Sim	~ DL	. se l	
								85/ Zip C	ode .
				4 City	\mathcal{N}	iceville	FL	33	578
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corp agent. I am amiliar with, and accept the obligations of, Section 607.0508, Florida Statutes.						ation submits this statement for the	purpose of	changing its	registered
office or r	norized b	y the corpo	oration's	s board of directors. I hereby accep	ot the appoir	ıtment as reg	gistered		
	a otatote	~~ //		in strate	140	کا بیارا	aaa		
SIGNATURE	Signature, typed or printed name of registered agent	and title if anoticable (NATE: R	egistered Ag	ept signatore re	equired w	hen reinstating)	DATE	10 May 1	111
12.	OFFICERS AND		13.	- 7 -	/	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE					☐ Change	Addition
NAME	WEINSTOCK, MICHAEL		1.2 NAME	.					\·
STREET ADDRESS	506 GREENWOOD COVE S.		1.3 STRE	ET ADDRESS					Ì
	NICEVILLE FL 32578		1.4 CITY-ST-ZIP						
CITY-ST-ZIP			2.1 TITLE					Change	Addition
	THE PARTY OF THE P		2.2 NAME						
NAME	506 GREENWOOD COVE S.			ET ADDRESS					
STREET ADDRESS	NICEVILLE FL 32578								ĺ
CITY-ST-ZIP			2. 4 CITY 3.1 TITLE					Change	Addition
TITLE			4						_
NAME			3.2 NAME						1
STREET ADDRESS			L	ET ADORESS				•	Į.
CITY-ST-ZIP			3.4. CITY					☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE					Criange	
NAME			4. 2 NAM	E					ĺ
STREET ADDRESS		•	4.3 STRE	ET ADDRESS					1
CITY-ST-ZIP	J		4.4 CITY-						A delitie :
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME			5.2 NAME	Y					1
STREET ADDRESS			5.3 STRE	ET ADDRESS					ľ
CITY-ST-ZIP			5.4 CITY-			· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	61 TTLE	T				☐ Change	☐ Addition
NAME			6.2 NAM	: \					ì

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with arraddress, with all other like empowered.

SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP