FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998

Principal Place of Business 37517 US 19 N.

4200 U.S. HWY. 19 NORTH PALM HARBOR FL 34684

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G37192

Country

9. Name and Address of Current Registered Agent

25

POLUKEY, DUANE R.

(3)

114 LAKESHORE DR. E. 4200 U.S. HWY. 19 NORTH PALM HARBOR FL 34684

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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TARPON LAKE MARINA, INC.

•	
Mailing Address	

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

1/8 /98 813 458-5366

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

3. Date Incorporated or Qualified

05/05/1983

59-2301189

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

		سسيا يا ويوراها	82		
		119 LAKESHORE DR E.		Street	Address (P.O. Box Number is Not Acceptable)
		PALM HARBOR FLA	83		
		34684	84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
SIGNATURE					
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 ·	DP	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
		—			L Change L Addition
NAME '	POLUKEY, DUA		1.2 NAME		
STREET ADORESS	93-LEXINGTUN	114 LAKESHORE DRE	1.3 STREET	ADDRESS	
CITY-ST-ZIP	DUNLUM-FL	PALM ITARBOR FL 34684	1.4 CITY-S	- ZIP	
TITLE			2.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, CINDY	114 LAKESHORE PRE	2.2 NAME		
STREET ADDRESS	933-LEXINGTON	114 LAKES HORE PRE	2.3 STREET	ADDRESS	
CITY-ST-ZIP	DUNEDIN, FL O	3000 PALM HARBOR F1-346 84	2. 4 CITY-S	T-ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP		İ	3.4. CITY-S	r. 719	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		-	4.2 NAME	į	
STREET ADDRESS			4.3 STREET	annece	
CITY-ST-ZIP					
TITLE		DELETE	4.4 CITY-ST 5.1 TITLE	-ZIP	Change Addition
NAME		_ 3111.12	5.2 NAME		Unange Discussion
STREET ADDRESS				DOCTO	
			5.3 STREET		
TITLE		DELETE	5.4 CITY-ST 6.1 TITLE	· ZIP	Change Addition
NAME		C DECEIE			Change Addition
1			6.2 NAME		
STREET ADDRESS			6.3 STREET A		
CITY-ST-ZIP		Alexander Band William Alexander Band	6.4 CITY-ST		
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 granged, or on an attachment with an address.					

Country

81 Name

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