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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H08265

(1)

	OUIRK MARINE MAINTEN	ANCE & REPAIR, INC							
Principal Place of Business Mailing Address						t states our ages laria ligia bitti d	,,,, 4,6,, 4,6,	# 0 1011 01011 016	THE BEBUILDING
1300 LEE STREET									
FT MYERS F		FT MYERS FL 33902			DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualified			
0 Daire de est 6	N					06/15/1984			
⊢ ¬ '	Place of Business	2a. Mailing Address				4. FEI Number		 	pplied For
Suite, Apt.	# ole	Suite, Apt. #, etc.				59-2434386			ot Applicable
22		27			5. Certificate of Status Desired		+ ·	Additional equired	
City & Stat	te	City & State			6. Election Campaign Financing			May Be	
Zip	Country	Zip Country				Trust Fund Contribution			to Fees
24	 	 	·	nuy	,	8. This corporation owes or has p			
24	9. Name and Address of Curre	nt Registered Agent	30			Personal Property Tax due Juni 10. Name and Address of New Re			No
01		III TIOGISTO AGOIL		81	Name	10. Name and Address of New In	- Sie ret en	Agent	
	JIRK, LAWRENCE J.								
1300 LEE ST FT MYERS FL 33902				82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
,,			ľ	83					
			1	84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Sta	tutes, the at	DOVE	e-named corpo	oration submits this statement for the	nurnose o	• Landing i	te registered
	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change wa gations of, Section 607.0505,	is authorized Florida Stati	by utes	the corporations.	oration submits this statement for the on's board of directors. I hereby acce	pt the apr	ointment as	registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (F	IOTE Registered	l Age	ant signature requires	d when reinstaling)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	D DIRECTOR	RS IN 12
TITLE	PSD	☐ DELETÉ	1.1 TIT	LE				Change	Addition
NAME	QUIRK, LAWRENCE J.		1.2 NA	ME					
STREET ADDRESS	1300 LEE ST. P.O BOX 1076	}	1.3 ST	AEET	ADDRESS				
CITY-ST-ZIP	FT MYERS FL		1.4 011	Y-5	IT-ZIP				
TITLE		☐ DELETE	2.1 TIT	LE				Change	Addition
NAME			2.2 NA	ME					
STREET ADDRESS	1		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP		T nevere	2 4 CI		ST-ZIP				
TITLE		☐ DELETE	3.1 TIT					Change	☐ Addition
NAME STREET ADDRESS			3.2 NA						
			1		ADORESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CF		ST-ZIP			1105	Addition
NAME			4 1 TIT					Change	Addition
STREET ADDRESS			4. 2 N/		ADDRESS				
CITY-ST-ZIP			4.4 CIT						
TITLE		☐ DELETE	5.1 TIT		1-411			Change	Addition
NAME			5.2 NA					C Supulie	, rounion
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CIT		į.				
TITLE		DELETE	6.1 T(T		1-611			Change	Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				

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 eath; 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 an address.

SIGNATURE: 2 94/3323758

CR2E034 (10/97)

FILED

Apr 16 1998 8:00am

Secretary of State