

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90003 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H54638

1. Corporation Name

MULFORD MARINE AND YACHT SALES, INC.

Principal Place of Business

3050 SE DIXIE
STUART FL 34997
US

Mailing Address

3050 SE DIXIE
PORT SALERNO FL 34992
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1985

4. FEI Number

59-2530424

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3050 SE Dixie Hwy.

Stuart, Florida

34997

Marlin

9. Name and Address of Current Registered Agent

**MALCOLM & ASSOCIATES
611 SOUTH FEDERAL HWY ST G 2
SUITE 305
STUART FL 34994**

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **LENTINE, LOUIS F.**
STREET ADDRESS **4307 S.E. MULFORD LN.**
CITY-ST-ZIP **PORT SALERNO FL 34992**

TITLE **VP** ☐ DELETE
NAME **LENTINE, GREGORY E.**
STREET ADDRESS **3365 SE DIXIE HWY**
CITY-ST-ZIP **STUART FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-13-99 561-221-3737

CR2E034 (5/99)

590190-90003-46
H54638

MULFORD MARINE & YACHT SALES, INC.
3050 SE DIXIE HIGHWAY
STUART, FLORIDA 34997
T-561-221-3777

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

TO WHOM IT MAY CONCERN:

AS PER OUR PHONE CONVERSATION ON 7-13-99, I AM ENCLOSING A CHECK IN THE AMOUNT OF \$150.00. DUE TO THE INCORRECT ADDRESS, WE DID NOT RECEIVE THE FIRST NOTICE. THANK YOU FOR YOUR HELP IN THIS MATTER AND IF THERE ARE ANY PROBLEMS WITH THIS PAYMENT PLEASE FEEL FREE TO CALL ME AT THE NUMBER LISTED ABOVE.

THANKS AGAIN



SANDI ROBERTS
OFFICE MANAGER