## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

DEL REY YACHT WORKS, INC.

(8)

## **FILED** Aug 20 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						ı isasası Aşiê Aşibi Bilih Bilif IBİBİ II	INT MINT MINKE	1011 61611 916	III MEMIA I MATI
3511 NORTH LIBERTY ST 3511 NORTH LIBERTY ST									
JACKSONVILLE FL 32206 JACKSONVILLE FL 32206						DO NOT WRITE IN THIS SPACE			
									Sec. 1
						3. Date Incorporated or Qualified	1 -	e of Last F	• 1
2. Principal Place of Business 2a. Mailing Add						07/10/1985 4. FEI Number	05/01/1996		
21	1000 01 000111000	26			**	Applied For			
Suite, Apt.	#, etc.	·	Suite, Apt. #, etc.			59-2483352			of Applicable
22	.,	<u>├</u>	27			5. Certificate of Status Desired			Additional equired
City & Stat	te	<del>-                                     </del>	City & State			& Election Compaign Financias		<del></del>	<del></del>
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country Zip C		Cou	Country		8. This corporation owes or has pa			
24	25	29	30			Personal Property Tax due June 30.  Yes No			
	9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gletered A	gent	
	ISBEARY, TIMOTHY W.			81	Name				
	11 N. Liberty St.		82 Street Add			ress (P.O. Box Number is Not Acceptal	202		
JA	CKSONVILLE FL 32208		63			1035 (1.0. DOX NOTIDOTIS NOT ACCOPTAN			
				84	City		FL		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									
					nt signature requir	red when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS				ADDITIONS/CHANGES TO OFFIC	CERS AND I	PIRECTOR	₹S IN 12
TITLE	DACDEADY THATHY W	☐ DELETE	1.1 T/	TLE			Ĺ	Change	☐ Addition
NAME	RASBEARY, TIMOTHY W. 6903 EATON AVE		1.2 N						ŀ
STREET ADDRESS	JACKSONVILLE FL		1.3 \$		ADDRESS				!
CITY-ST-ZIP	SACKSOITVILLE PL	December		TY-ST	- ZIP				
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NAME			2.2 NA						
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CITY-ST-ZIP TITLE				11Y-\$1	I - ZIP		· <del>-</del>	7.6	
NAME		☐ DELETE	3.1 TIT		ĺ		L	_] Change	☐ Addition
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STREET ADDRESS			1		DDDECE				ĺ
CITY-ST-ZIP			1		DDRESS				
UIII-01-21F			6.4 CIT	1-51-	- 211				

14. I do 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.