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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # H74472



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90029 001 ***150.00

LAMB'S	YACHT CENTER, INC.									
Principal Place	e of Business	Mailing Addre	ss			•	(111		
3376 LAKESHOF	RE BLVD	3376 LAKESHO	3376 LAKESHORE BLVD							
JACKSONVILLE FL 32210			JACKSONVILLE FL 32210				DO NOT W	DITE IN THE SPACE!		
บร		US	•			- }	3. Date Incorporated or Qualife	RITE IN THIS SPACE	·	
							09/05/1985	- I		
2. Principal Place of Business		2a. Mailing Address					4, FEI Number		pplied For	
21		26					59-2579430		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & State		City & Sta	City & State				6. Election Campaign Financing \$5.00 May Be			
23	<u> </u>	28					Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	_	. Count	ту		8. This corporation owes the co			
24	25	29	3	0		ļ	Personal Property Tax.	☐ Yes i	□No	
	9. Name and Address of Curre	ent Registered Agen	nt	8	1 Name		10. Name and Address of Nev	v Registered Agent		
· SMIT	THE HILLSEY & RUSEY	•		ľ	Name			1 1682		
SMITH, HULSEY & BUSEY 225 WATER ST					2 Street	Addres	dress (P.O. Box Number is Not Acceptable)		off the sold	
	1800			8	3				1.	
JACH	KSONVILLE FL 32202		•	8	4 City	.		85 Zip	Code	
				i	1		·			
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statim familiar with, and accept the oblig	502 and 607.1508, File e of Florida. Such charations of Section 60	orida Statutes ange was auti 17 0505, Florid	, the abo horized b la Statute	ve-named y the corpo	corpor oration	ation submits this statement for the board of directors. I hereby according to the submits and the submits are submits as a submit of the submits are submits.	cept the appointment as r	egistered	İ
SIGNATURE						required w	nen reinstating)	DATE 1	. <u></u> .	٠.
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.		egistered Ag		required w	then reinstating) ADDITIONS/CHANGES TO (ORS IN 12	100
SIGNATURE	Signature, typed or printed name of registered ac	gent and title if applicable.			ent signature r	equired w	hen reinstating) ADDITIONS/CHANGES TO (144,000
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A DV LAMB, BRONSON E., JR.	gent and title if applicable. ND DIRECTORS	(NOTE: R	13. 1.1 TITLE	ent signature r	required w		OFFICERS AND DIRECT	☐ Addition	0000004 (44,00)
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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 eport 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, with all other like empowered.

SIGNATURE