

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90011 036 \*\*\*150.00

0530250

DOCUMENT # H78575

1. Corporation Name

ACOSTA CREEK MARINA & BOATWORKS, INC.

Principal Place of Business

HWY #309 ACOSTA CREEK  
PO BOX 984  
WELAKA FL 32193

Mailing Address

HWY #309 ACOSTA CREEK  
PO BOX 984  
WELAKA FL 32193

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1985

4. FEI Number

59-2596967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Hwy 309 + Acosta Creek Dr.

Suite, Apt. #, etc.

22 Welaka, FL

City & State

23 32193 USA

Zip

Country

24

2a. Mailing Address

26 P O Box 1025

Suite, Apt. #, etc.

27 Welaka, Florida

City & State

28 32193 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DEMOUSTES, GEORGENA B  
126 ACOSTA CREEK DRIVE  
WELAKA FL 32193

10. Name and Address of New Registered Agent

81 Name

Georgena B. DeMoustes

82 Street Address (P.O. Box Number is Not Acceptable)

Hwy 309 + Acosta Creek Dr.

83

P. O. Box 1025

84 City

Welaka

FL

85 Zip Code

32193

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 Georgena B. DeMoustes

Georgena B. DeMoustes

DATE

1/28/99

12. OFFICERS AND DIRECTORS

TITLE DPTS ☐ DELETE  
NAME DEMOUSTES, GEORGENA B.  
STREET ADDRESS 126 ACOSTA CREEK DR.  
CITY-ST-ZIP WELAKA FL

TITLE DV ☐ DELETE  
NAME DEMOUSTES, MATTHEW B.  
STREET ADDRESS 126 ACOSTA CREEK DR.  
CITY-ST-ZIP WELAKA 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, with all other like empowered.

SIGNATURE: Georgena B. DeMoustes, Pres. Georgena B. DeMoustes 1/28/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-467-9334

CR2E034 (1/98)