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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **H79008**

1. Corporation Name

GREAT AMERICAN MARINE, INC.

Principal Place	e or business	Mailing Address				i			
GREAT AMERIC	AN MARINE	6810 GUKFPORT	BLVD						
6810 GULFPORT		6810 GULFPORT BLVD			DO NOT MEDI	TE IN TUIC	CDACE		
ST PETERSBURG FL 33707		ST. PETERSBURG FL 33707			DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed			
		· -				10/01/1985			<del></del>
2. Principal Pl	lace of Business	2a. Mailing Addr	ess			4. FEI Number		<del> </del>	plied For
21		26				59-2589759			t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #,	, etc.			5. Certifcate of Status Desired		\$8.75 A	
22		27				, _		Fee Re	<u></u>
City & State	e	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Coi	untry		8. This corporation owes the curr	ent year Inta		
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent		<del>                                     </del>		10. Name and Address of New I	Registered /	Age <u>nt</u>	
				81	Name				
RIDEN, THOMAS K.				82	Street Address (P.O. Box Number is Not Acceptable)				
6810 GULFPORT BLVD			"	ou out / laar		,			
ST P	PETERSBURG FL 33707			83					
				84	City			85 Zip C	Code
							FL	.	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Flori	da Statutes, the a	above	-named corp	oration submits this statement for the	purpose of	changing its	registered
office of re	egistered agent, or both, in the State of mediate from familiar with, and accept the obligation	of Florida, Such chan ions of Section 607.0	ge was autnonze 0505. Florida Sta	a by i tutes.	tne corporatio	on's board of directors. Thereby acce	or the appoin	miterit as ref	gistered
•	m rammar man, and accept me and		,			•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agen	t signature require	d when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	DC	D	ELETE 1,1 T	TLE				Change	☐ Addition
TITLE NAME		D		TILE IAME				Change	☐ Addition
NAME	RIDEN, THOMAS K.	□ D	1.2 N	IAME	ADDRESS			Change	☐ Addition
NAME STREET ADDRESS	RIDEN, THOMAS K. 6810 GULFPORT BLVD	D	1.2 N	IAME STREET				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	RIDEN, THOMAS K. 6810 GULFPORT BLVD ST PETERSBURG FL		1.2 N 1.3 S 1.4 C	IAME STREET CITY-ST				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	RIDEN, THOMAS K. 6810 GULFPORT BLVD ST PETERSBURG FL. DS		1.2 N 1.3 S 1.4 C ELETE 2.1 T	IAME STREET CITY-ST TTLE					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	RIDEN, THOMAS K. 6810 GULFPORT BLVD ST PETERSBURG FL. DS LOEBENBERG, WALTER P.		12 N 13 S 14 C ELETE 2.1 T 22 N	IAME STREET SITY-ST TITLE FAME	r-zip				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RIDEN, THOMAS K. 6810 GULFPORT BLVD ST PETERSBURG FL. DS LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE		12 N 1.3 S 1.4 C ELETE 2.1 T 2.2 N 2.3 S	IAME STREET CITY-ST TILE LAME STREET	T-ZIP ADDRESS		- ,		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIDEN, THOMAS K. 6810 GULFPORT BLVD ST PETERSBURG FL. DS LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG FL		12N 13S 14C ELETE 2.1T 22N 23S 2.44	TAME STREET CITY-S1 TILE LAME STREET CITY-S	T-ZIP ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	RIDEN, THOMAS K. 6810 GULFPORT BLVD ST PETERSBURG FL. DS LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG FL. D		12N 1.3S 1.4C ELETE 2.1T 22N 2.3S 2.44 ELETE 3.1T	STREET CITY-ST TITLE LAME STREET CITY-S	T-ZIP ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIDEN, THOMAS K. 6810 GULFPORT BLVD ST PETERSBURG FL. DS LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG FL. D STAVROS, GUS A.		12N 1.38 1.4C ELETE 2.1T 2.2N 2.38 2.44 ELETE 3.17 3.2N	IAME STREET CITY-ST TILE HAME STREET CITY-S TITLE	T-ZIP  ADDRESS T-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	RIDEN, THOMAS K. 6810 GULFPORT BLVD ST PETERSBURG FL. DS LOEBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG FL D STAVROS, GUS A. 111 SECOND AVE. NE #510		12N 1.3S 1.4C ELETE 2.1T 22N 23S 2.44 ELETE 3.1T 32N 33S	TAME STREET CITY-ST TILE STREET CITY-S TILE NAME	T-ZIP  ADDRESS T-ZIP  TADDRESS			☐ Change	Addition
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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 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.

64 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP