

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

00 APR 10 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

9900

DOCUMENT # H86581

1. Corporation Name

PONCE MARINA, INC.

Principal Place of Business

770 WEST GRANADA BLVD
STE 252
ORMOND BEACH FL 32174
US

Mailing Address

770 WEST GRANADA BLVD
SUITE 317
ORMOND BEACH FL 32174
US

2. Principal Place of Business

21 117 Shady Branch Trail

22 Suite, Apt. #, etc.

City & State

23 Ormond Beach, FL

Zip Country

24 32174 25 USA

2a. Mailing Address

26 117 Shady Branch Trail

27 Suite, Apt. #, etc.

City & State

28 Ormond Beach, FL

Zip Country

29 32174 30 USA

3. Date Incorporated or Qualified

11/21/1985

4. FEI Number

59-2634842

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 Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HEEBNER, PETER B.
523 N. HALIFAX AVE.
DAYTONA BEACH FL 32018

10. Name and Address of New Registered Agent

81 Name H. McMurry

82 Street Address (P.O. Box Number is Not Acceptable)
117 Shady Branch Trail

83

84 City Ormond Beach

FL

85 Zip Code
32174

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 *H. McMurry*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/2000

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MCMURRY, H.
STREET ADDRESS 770 W. GRANADA BLVD. SUITE 317
CITY-ST-ZIP ORMOND BCH. FL

TITLE ST ☐ DELETE

NAME MCMURRY, PEGGY A.
STREET ADDRESS 770 W. GRANADA BLVD. SUITE 317
CITY-ST-ZIP ORMOND BCH. 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

400003222024--2

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****300.00 ****900.00

LS

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:

H. McMurry, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

904-673-2812

Daytime Phone #