

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H99261 (0)

1. Corporation Name

OSGOOD POINT MARINE, INC.



Principal Place of Business

Mailing Address

WEST HIGHWAY 44 (CRYSTAL RIVER FL 32629)  
POST OFFICE BOX 37  
CRYSTAL RIVER FL 34429  
US

WEST HIGHWAY 44 (CRYSTAL RIVER FL 32629)  
POST OFFICE BOX 37  
CRYSTAL RIVER FL 34429  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 34423 Country

28 Zip 34423 Country

24 25 29 30

3. Date Incorporated or Qualified  
02/13/1986

3a. Date of Last Report  
04/27/1995

4. FEI Number  
59-2739978

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANNESS & VANNESS, P.A.  
6206 WEST CORPORATE OAKS DRIVE  
CRYSTAL RIVER FL 34429

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip 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

Signature typed or printed name of registered agent and then "I declare"

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME NICHOLSON, ALAN  
STREET ADDRESS 1941 NORTH DAYTON  
CITY - ST - ZIP CHICAGO IL

TITLE D ☐ DELETE  
NAME NICHOLSON, DANIEL R.  
STREET ADDRESS 318 HOLLY LANE  
CITY - ST - ZIP FRANKFORT IL

TITLE DS ☐ DELETE  
NAME NICHOLSON, ALBERT  
STREET ADDRESS 6838 W. 111TH ST.  
CITY - ST - ZIP WORTH IL

TITLE DPT ☐ DELETE  
NAME NICHOLSON, ROBERT  
STREET ADDRESS 6838 W. 111TH ST.  
CITY - ST - ZIP WORTH IL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person in power, authorized 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.

SIGNATURE:

Albert Nicholson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

352-715-3552

Date

Daytime Phone #

CR2E034 (12/95)