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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:31

DOCUMENT # **K51682 (8)**

1. Corporation Name
GENE'S LAKESIDE MARINE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
1505 SOUTH LAKESHIPP DRIVE 1505 SOUTH LAKE SHIPP DRIVE
701 SIXTH STREET SW 701 SIXTH STREET SW
WINTER HAVEN FL 33880 WINTER HAVEN FL 33880
US US

3. Date Incorporated or Qualified **12/15/1988** 3a. Date of Last Report **06/28/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1505 S. Lake Shipp Dr.** 26 **1505 S. Lake Shipp Dr.**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **Winter Haven FL** 28 **Winter Haven FL**
24 **33880** 25 **Folk** 29 **33880** 30 **Folk**

4. FEI Number **59-2923118** Applied For Not Applicable

5. Certificate of Status Desired \$6.75 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
VAUGHT, R. GENE
1505 S LAKESHIPP DR
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent
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 _____ DATE _____
(Signature typed or printed name of registered agent and date of registration) (Registered Agent signature required when registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHT, R. GENE	1.2 NAME	
STREET ADDRESS	1032 EDGEWATER DR S.E.	1.3 STREET ADDRESS	
CITY, ST, ZIP	WINTER HAVEN FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHT, SHARI E.	2.2 NAME	
STREET ADDRESS	1032 EDGEWATER DR S.E.	2.3 STREET ADDRESS	
CITY, ST, ZIP	WINTER HAVEN FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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)(b), Florida Statutes. I further certify that the information included 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.

SIGNATURE: *Shari E. Vaught* *Shari E. Vaught* 4/10/95 (813) 294-7211
(Signature typed or printed name of signing officer or director) (Date) (Typed Name)