May 07, 1999 8:00 am Secretary of State

05-07-1999 90065 024 ***150.00

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

DOCUMENT # K53575

1. Corporation Name

FULL SERVICE MARINE, INC.

Principal Place	e of Business	Mailing Address				T (TO TO THE TOTAL THE TANK THE TOTAL THE TANK	Briblic Astris Astric	gräff årant lååi	
1017 HAMILTO		P O BOX 2302							
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34688			4688						
US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						12/16/1988			
2. Principal P	lace of Business	2a. Mailing Address	~ G			4. FEI Number	_ A	pplied For	
21		26 P.O.Box	1347			59-2920197	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, étc.			_	5. Certificate of Status Desired		Additional equired	
City & State	<u>,,</u>	City P State				6. Election Campaign Financing	\$5.00	May Be	į
23	-	28 Hohe Soy	Not IL	A	34997	Trust Fund Contribution	•	to Fees	
Zip	Country	Zip	Cou	intry	10	8. This corporation owes the current year In	tangible	□No	
24	[25]	29 34747	30	<u> </u>	<u> </u>	Personal Property Tax.			{
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered	Agent		}
нап	AMIS, G. GEOFFREY			*'	Name				
1017 HAMILTON AVE				82 Street Addre		ss (P.O. Box Number is Not Acceptable)			
TAR	PON SPRINGS FL 34689			83					
				84	City		85 Zip	Code	
				{ }	1	<u>F</u> L	• } ``		}
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or rn familiar with, and accept the obligati	of Florida. Such change was	s authorized	vd b	the corporation	ration submits this statement for the purpose of is board of directors. I hereby accept the appo	intment as re	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (No	OTE: Registered	Agen	t signature required v	when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·		ء ا
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AF			11/08
TITLE	P\$ □ DELETE 1.		1.1 Τ	1.1 TITLE 1.2 NAME			Change	☐ Addition	Ξ
NAME	HARAMIS, G. GEOFFREY	ARAMIS, G. GEOFFREY							ן אַ
STREET ADDRESS	1017 HAMILTON AVE		1.3 ST		ADDRESS				FOZ
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CI	ITY-SI	r-ZIP				6
TITLE	☐ DELETE 2.1 T		TLE			Change	☐ Addition	ļ	
NAME			2.2 N	AME					
STREET ADDRESS			2.3 \$	TREET	ADDRESS				
-CITY-ST-ZIP-		<u> </u>	ı		T-ZIP				
TITLE		☐ D€LETE	3.1 TI				Change	Addition	
NAME			3.2 N	AME					
STREET ADDRESS			335	TREET	ADDRESS				}
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP				1
TITLE		☐ DELETE	4.1 TI	TLE		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
NAME			4. 2 N	IAME					
STREET ADDRESS			4.3 \$	TREET	ADDRESS				
CITY-ST-ZIP			4.4 CI	ITY-ST	T-ZIP				
TITLE		☐ DELETE	5.1 TI				Change	Addition	
NAME			5.2 N	AME					
	1		1		ADDRESS				1

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 changes, of on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

NAME

Daytime Phone #

☐ Change

___ Addition