## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

RIVERSIDE MARINA OF YANKEETOWN, INC.

**FILED** Feb 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address  CARL H. HANOVER CARL H. HANOVER  8451 RIVERSIDE DR 6451 RIVERSIDE DR  YANKEETOWN FL 34498 YANKEETOWN FL 34498 US					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 02/13/1989		
2. Principal 21	ace of Business 2a. Mailing Address 26				TO 0000000		pplied For lot Applicable
Suite, Ap	1. ₩, etc.	Suite, Apt #, etc.	7		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 City & Sta					Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
24	9. Name and Address of Currer	11	1901		10. Name and Address of New Registers		
Н	ANOVER, CARL H.		8	1 Name		<del>-</del>	
64	451 RIVERSIDE DR		ļ.		dress (P.O. Box Number is Not Acceptable)		
Y,	ANKEETOWN FL 34498		8	3			
			ـ إ	4 City		. 85 Zip	Code
			la	4 City	F	╚╻╵╗╵┰╓	. 5500
SIGNATURE	Signature, typed or porified name of recisioned age OFFICERS AN	ID DIRECTORS	It Registered A	gent signature req	jured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	DP	DELETE	1.1 TITLE			☐ Change	Addition
NAME	HANOVER, CARL H.		1.2 NAM				
STREET ADDRESS	6451 RIVERSIDE DR YANKEETOWN FL			ET ADDRESS			
CITY+ST-ZIP TITLE	DV	DELETE	21 TITL	-ST-ZIP		Change	Addition
NAME	HANOVER, BARBARA J.		22 NAME				
STREET ADDRESS	6451 RIVERSIDE DR		2.3 STRE	ET ADDRESS			
CITY - ST - ZIP			2.4 CIT	'- \$T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAM				
STREET ADDRESS	5			ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.1 TITL			☐ Change	☐ Addition
NAME			4. 2 NAM	AE .			
STREET ADDRESS	s		4.3 STR	ET ADDRESS			
CITY-ST-ZIP		T Ariese		- ST - ZIP	to the state of th	☐ Change	Addition
TITLE		☐ DELETÉ	5.1 TITL			Criange	Addition
NAME CIRCLY ADDRESS			5.2 NAM 5.3 S1RI	ET ADDRESS			
STREET ADDRESS	9			- ST - ZIP			
TITLE		☐ DELETE	6.1 1ITL			Change	Addition
NAME			62 NAM	E			
STREET ADDRESS	s		63 STRI	ET ADDRESS			
CITY-ST-ZIP		20 At . 41 at		- ST - ZiP	in Section 119 07/3)(i) Florida Statutes I further	antifuther	o information

indicated on this annual report or supplience with this initing coes not quality for me exemption stated in Section 119.07(3)(j), Florida Statutes. Untrifer certify that the information indicated on this annual report or supplience half annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or this 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 only a attachment with an address.

SIGNATURE:

3524472988