

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
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90077 046 ***150.00

DOCUMENT # K80925

1. Corporation Name

PLAZA MARINE CONSTRUCTION, INC.



Principal Place of Business

1295 S.E. CUTOFF ROAD
STUART FL 34994
US

Mailing Address

1295 S.E. CUTOFF ROAD
STUART FL 34994
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1989

4. FEI Number

65-0137117

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

GUIDICE, LISA ANN
5751 SW MAPP ROAD
PALM CITY FL 34990

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **GUIDICE, LISA ANN**
CITY-ST-ZIP **5751 MAPP RD. S.W.**
PALM CITY FL

TITLE ☒ DELETE
NAME **DVP**
STREET ADDRESS **GUIDICE, MICHAEL**
CITY-ST-ZIP **5751 SW MAPP ROAD**
PALM CITY FL 34990

TITLE ☒ DELETE
NAME **DS**
STREET ADDRESS **GUIDICE, MICHAEL**
CITY-ST-ZIP **5751 SW MAPP ROAD**
PALM CITY FL 34990

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **GUIDICE, LISA ANN**
CITY-ST-ZIP **5751 SW MAPP ROAD**
PALM CITY FL

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 **DVP**
2.3 STREET ADDRESS **Sally Ann Ford**
2.4 CITY-ST-ZIP **3417 SE Beau Ave**
Port St. Lucie, Florida 34984

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **DS**
3.3 STREET ADDRESS **Sally Ann Ford**
3.4 CITY-ST-ZIP **3417 SE Beau Ave**
Port St. Lucie, Florida 34984

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)