

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L17964** (2)
1. Corporation Name
GOODLAND MARINA, INC.

FILED
97 SEP -4 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business % DAVID LAW P.O. BOX 397 GOODLAND FL 33933 34140	Mailing Address % DAVID LAW P.O. BOX 397 GOODLAND FL-33933 34140
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34140		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 34140		3. Date Incorporated or Qualified 09/21/1989		3a. Date of Last Report 07/24/1996	
22		27		4. FEI Number 65-0149971		Applied for Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25		30		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent LAW, DAVID 604 PALM AVE NAPLES FL 33962				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			
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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 for 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 *Rita B. Law* *David G. Law* **8/13/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAW, DAVID G.			1.2 NAME	100002287431--6		
STREET ADDRESS	804 E. PALM AVE.			1.3 STREET ADDRESS	-09/08/97--01129--025		
CITY-ST-ZIP	GOODLAND FL			1.4 CITY-ST-ZIP	****165.00 ****165.00		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAW, RITA B.			2.2 NAME			
STREET ADDRESS	804 E. PALM AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	GOODLAND FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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.

SIGNATURE: *Rita B. Law* *David G. Law* **8/13/97** **911-394-3797**

CR2E034 (4/97)



Goodland Bay Marina, Inc.

Full Service Marina • Outboard Repair Shop

P.O. Box 397 • 604 East Palm Avenue

Goodland, Florida 33933

(813) 394-2797 • FAX (813) 394-5920

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FLA. 32314

AUGUST 13, 1997

TO WHOM IT CONCERNS:

I JUST RECIEVED A SECOND NOTICE ABOUT FILING FOR MY CORPORATIONS, BUT I NEVER RECIEVED THE FIRST NOTICE. I ALWAYS PAY ON TIME, I HAVE NEVER BEEN LATE.

I DO NOT KNOW WHY I DID NOT RECIEVE THE FIRST ONE. I CAN GUESS IT WAS BECAUSE IT HAS THE WRONG ZIP CODE ON IT. THE STATE CHANGED OUR ZIP CODES LAST JULY. I SENT OUT CHANGE OF ADDRESS NOTICES.

I HAVE ENCLOSED A CHECK FOR THE ORGINAL AMOUNT OF THE FILING FEE AND SUPPLIMENTAL FEE. I ASK THAT YOU PLEASE OMIT THE LATE FEE AS I BELIEVE IT WAS A ADDRESS ERROR. IF THERE ARE ANY PROBLEMS, PLEASE LET ME KNOW. I APPRECIATE YOUR HELP WITH THIS MATTER. THANK YOU.

SINCERELY,

RITA B. LAW