### **WAY 1ST IS \$550.00**

FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # L17964 1. Corporation Name

GOODLAND MARINA, INC.

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90088 013 \*\*\*150.00



									() <b>1</b> (1) 1(1) 1(1)			
Principal Place	of Business		Mailing	Address						911 <b>9</b> 1911 <b>9</b> 11	111 01611 1601	
% DAVID LAW P O. BOX 397 GOODLAND FL 34140			P O. BO	% DAVID LAW P O. BOX 397 GOODLAND FL 34140					TE IN THIS SPA	CE	***	
			•					3. Date Incorporated or Qualifed				
	, ib		Mail	ling Address				09/21/1989 4. FEI Number		Ann	lied For	
2. Principal Pla	ace or Busines	is	26	ing Address				65-0149971		<del></del>	Applicable	- 3
Suite, Apt. #	# etc			e, Apt. #, etc.					\$;	8.75 Ac		•
22	., 5.5.		27	•				5. Certificate of Status Desired		Fee Req	uired	
City & State	<del></del>			& State				6. Election Campaign Financing		55.00 h		
23			28					Trust Fund Contribution		Added to	Fees	
Zip Country			<b>├</b> ──	Zip Country				8. This corporation owes the curr			□No	
24 25 9. Name and Address of Curre			29	tered Agent				Personal Property Tax. Yes No  10. Name and Address of New Registered Agent				
	9. Name a	id Address of C	milett Kegistered	1 Agent		81	Name			•		
LAW,	DAVID					82	Stroot Addr	one (D.O. Boy Number is Not Accent	able)			į
604 I	PALM AVE					02	Street Addi	dress (P.O. Box Number is Not Acceptable)				
G00	DLAND FL 3	4140				83						
•						84	City	. 31 (1) 1876 (2) 20 18 2 2 2 2 3 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Zip C	ode	
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office or re	nanc beretera	t or both in the	07.0502 and 607.15 State of Florida. Su obligations of, Sect	uch change was:	authorize	นยงแ	named corp ne corporation	oration submits this statement for the on's board of directors. I hereby accep	ot the appointme	nt as reg	istered	
SIGNATURE	<del></del>		ered agent and title if applic	coble (NO	TE: Registerer	d Agent 4	sionature require	d when reinstating)	DATE			_
12.	Signature, typed or		RS AND DIRECTO		13.	<u> </u>		ADDITIONS/CHANGES TO OF	FICERS AND D	RECTO	RS IN 12	٥
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CITY-ST-ZIP		` CI					1					
	GOODLAN	<i>)</i> FL		- Delett		ITY-ST-	ZIP			Change	noitibhA 🗍	5
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14. 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 supplied ental 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 of a attachment with an address, with all other like empowered.

SIGNATURE: