


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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L18785 (0)					
1. Corporation Name CHAIN OF LAKES MARINE, INC.					
Principal Place of Business 2510 PARK AVENUE SANFORD FL 32773			Mailing Address 2510 PARK AVENUE SANFORD FL 32773		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2967977	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent EDMISTON, MARY C. 163 EDGEWATER CIRCLE SANFORD FL 32773				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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
	PSD	EDMISTON, DONALD F.	163 EDGEWATER CIRCLE	SANFORD FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
	VT	EDMISTON, MARY C.	163 EDGEWATER CIRCLE	SANFORD FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
62 NAME					
63 STREET ADDRESS					
64 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.					
SIGNATURE: Donald F. Edmiston 3-9-98					

CR2E034 (10/97)