

AMENDED

FILED

96 DEC -2 AM 8:10
STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/05/96--01008--016
*****61.25 *****61.25

DOCUMENT # L 35938
1. Corporation Name
Stump Pass Marina, Inc.

Principal Place of Business	Mailing Address

2. Principal Place of Business		2a. Mailing Address	
21	1001 Riverside Drive	26	Same
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite B	27	Same
City & State		City & State	
23	Palmetto, FL	28	Same
Zip		Zip	
24	34221	Country	
Country		29	Same
25	USA	30	Country
3. Name and Address of		4. Name and Address of	

3. Date Incorporated or Qualified 12/08/89	3a. Date of Last Report 4/12/96
4. FEI Number 59-2989761	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of Current Registered Agent		Same
	81	Name
	82	Street Address
	83	
	84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the shareholder or registered agent, as applicable, certifies that the above information is true and correct.

Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

rica Holdings Corp.
(P.O. Box Number is Not Acceptable)
1 Riverside Drive, Suite B

netto

FI 85 Zip Code 34221

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, 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 office manager with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____

City Palmetto FL 85 Zip Code 34221

SIGNATURE Peter Van Der Noot, Treasurer
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent)

submits this statement for the purpose of changing its registered office
directors. I hereby accept the appointment as registered agent. I am

reinstating) 11.5.96

DATE

12. OFFICERS AND DIRECTORS		13.
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE
NAME		1.2 NAME
STREET ADDRESS		1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
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
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
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
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<p>Director/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>Harry Vandernoord 1001 Riverside Drive, Suite B Palmetto, FL 34221</p>	
<p>Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>Thomas Santefort 1001 Riverside Drive, Suite B Palmetto, FL 34221</p>	
<p>President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>Alan Zirkelbach 1001 Riverside Drive, Suite B Palmetto, FL 34221</p>	
<p>Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>Peter Vandernoord 1001 Riverside Drive, Suite B Palmetto, FL 34221</p>	
<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: PETER VAN DER NIEDE, Treasurer 11.5.96 941-729-0000

CR2E034 (12/95)