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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L69305

(5)

**FILED** Apr 20 1998 8:00am Secretary of State

LOU'S MARINE REPAIR, INC.					
				A LEGALARIA DEA DELLA COLLAR COLLAR DALLA CALLA	<b>                                    </b>
			<del>*</del>		
1	ce of Business	Mailing Address			
815 HOOD AVE 815 HOOD AVE LEESBURG FL 34748-5651 LEESBURG FL 34748-5651					
U\$ U\$				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	, ,
				04/27/1990	
	Place of Business	2s. Mailing Address		4. FEI Number	Applied For
Suite, Apr	t # etc	Suite, Apt. #, etc.		59-3011452	Not Applicable
22	ι π, θιο.	27.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ale	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	e current year Intangible
24	25		0	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curro	ent Registered Agent	81 Name	10. Name and Address of New Registe	ered Agent
	ROST, LEWIS STEPHEN		oi Name		
815 HOOD AVE LEESBURG FL 34748			82 Street Address (P.O. Box Number is Not Acceptable)		
u	ESBUNG PL 34746		83		
					· , , ,
			84 City		FL 85 Zip Code
11. Pursuan	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purportion's board of directors. I hereby accept the	
oπice or <b>age</b> nt. I	registered agent, or both, in the State am f <mark>ami</mark> liar with, and accept the obli	te of Florida. Such change was au igations of, Section 607.0505, Flori	thorized by the corporat da Statutes.	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
12,	Signature, typed or printed name of registered a	ngent and title if applicable (NOTE I ND DIRECTORS	Registered Agent signature requir		
TITLE	D OF FIGE. NO. A	DELETE		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	FROST, LEWIS STEPHEN	_	1.2 NAME	must Lewis Stephen	
STREET ADDRESS			1.3 STREET ADDRESS	#115 Roben Do	
CITY-ST-ZIP	FRUITLAND PARK FL		1.4 CITY-ST-ZIP	nost Lewis Stephen 18118 Roben En Familland Pank FL	,
TITLE	D .	DELETE	2.1 TITLE Ø		Change Addition
NAME	FROST, CAROL ANN		2.2 NAME	Front Conol Ban 5115 Robert Dr. Front Loint Pank Flo	
STREET ADDRESS			2.3 STREET ADDRESS	5/15 100m DR	
CITY-ST-ZIP	FRUITLAND PARK FL		2 4 CITY-ST-ZIP	Frent bois Prock Flo	
TITLE	1	∐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	ĺ		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 THILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS					I I
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

Indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the informatic 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 axaginment with an address.