FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # SIESTA KEY BOAT RENTAL, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address											-	I IVII VIVII BIF	II QIBIL DIBIL UIGI	I OTOH IBBI	
1285 OLD STICKNEY POINT ROAD SARASOTA FL 34242					1265 OLD STICKNEY POINT ROAD SARASOTA FL 34242						DO NOT WR	ITE IN THIS	SPACE		
											3. Date Incorporated or Qualifie 08/09/1990	d			
2.	2. Principal Place of Business					2a. Mailing Address					4. FEI Number		Ap	plied For	
21			6						65-0220018		No	t Applicable			
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 / Fee Re		
23	City & State				City & State						Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	•	
	Zip	Country			Zip Cou			untry	ntry		8. This corporation owes or has	paid the cu	irrent year Int	angible	
24		25 29 30				30	Personal Property Tax due June 30.] No			
Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent 81 Name						
	MCDUFFEE, DAVID D.									me				1	
1265 OLD STICKNEY POINT ROAD SARASOTA FL 34242							82	St	eet Addre	ss (P.O. Box Number is Not Accep	table)				
OARAGOTA FL 34242							63				-				
								84	Ci	ty		FL	85 Zip (Code	
- 22					1 007 4500 F	Sector Ores	11	L	<u>L_</u>		and in a sharing the state and the state of		- .	a ragintared	
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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.														registered	
SIG	3NATURE		,		,	,									
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered										nature required		DATE			
12			OFFICE	RS AND DIF		1 DELETE	13.				ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition	
1111	I	PD			L.] DELETE		ITLE					⊥ Unange	L. Addition	
	MC DUFFEE, DAVID D.					1.2 N									
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_	TY-ST-ZIP SARASOTA FL							1.4 CITY-S1-ZIP					Change	Addition	
TITI	1 -							2.1 TITLE 2.2 NAME					Onkarigo	L_ Addition	
	MCDUFFEE, LINDA R			n											
-	STREET ADDRESS 1285 OLD STICKNEY POINT ROA						2.3 STREET ADDRESS								
CITY-ST-ZIP SARASOTA FL								2. 4 CITY - ST - ZIP 3.1 TITLE					Change	Addition	
	1							3.2 NAME					- Aurilla		
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NAJ	·-				_			NAME							
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_	Y-ST-ZIP								ST - ZIP	1					

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 in figure 2.

DAVID D. MCDUFFEE

2/17/98

349-8880