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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # M71731

JUSTUS BOAT TRANSPORT "SOUTHERN" INC.

| Principal Place of Business Mailing Ad         |  |                          | ailing Address                                     | Address  |   |                   |                                  | - I (AMILIANI) (1)1 1000) (1)1111 (2000) (1)141 (1)10 (0)    | D L               | 11813 81811 1881 |  |
|--|--|--------------------------|--|--|---|-------------------|----------------------------------|--|-------------------|------------------|--|
| 8580 EAST COLONIAL DR.                         |  |                          | 18580 EAST COLONIAL DR.                            |  |   |                   |                                  |  |                   |                  |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,         |  | LANDO FL 32820           | FL 32820   |  |   |                   | DO NOT WRITE IN THIS SPACE       |  |                   |                  |  |
| JS   |  |                          |  |  |   |                   |                                  | 3. Date Incorporated or Qualifed                             |                   |                  |  |
|  |  |                          |  |  |   |                   |                                  | 03/14/1988   |                   |                  |  |
| 2. Principal Pi                                | ace of Business  | 2a.                      | Mailing Address                                    |  |   |                   |                                  | 4. FEI Number  | Ap                | plied For        |  |
| 26   |  |                          |  |  |   |                   | 59-2913689                       | No   | t Applicable      |                  |  |
| Suite, Apt. #, etc.                            |  | 11                       | Suite, Apt. #, etc.                                |  |   | ,                 |                                  | 5. Certificate of Status Desired                             | \$8.75 A          |                  |  |
| 27   |  |                          |  |  |   |                   | 5. Certificate of Status Desired | Fee Re   | quired            |                  |  |
| City & State                                   |  | City & State             |  |  |   |                   | 6. Election Campaign Financing   | \$5.00   |                   |                  |  |
| 28   |  |                          | Country  |  |   |                   | Trust Fund Contribution          | Added to   | o Fees            |                  |  |
| Zip  | Country  | Ь                        | Zip  |  | untry                                   |                   |                                  | 8. This corporation owes the current year                    | Intangible<br>Yes | □No              |  |
| 4  | 25   | 29                       |  | 30   | 1                                       |                   | •                                | Personal Property Tax.  10. Name and Address of New Register |                   |                  |  |
|  | 9. Name and Address of Curre   | nt Kegis                 | stered Agent                                       |  | 81                                      | Name              |                                  | 10. Hallie Blid Address of Not Regions.                      |                   |                  |  |
| JUS  | TUS, RICHARD W   |                          |  |  | Ш                                       |                   |                                  |  |                   |                  |  |
|  | O EAST COLONIAL DR.  |                          |  |  | 82                                      | Street            | Addre                            | ess (P.O. Box Number is Not Acceptable)                      |                   |                  |  |
| UNIT   | <sup>7</sup> 1506  |                          |  |  | 83                                      |                   |                                  |  |                   |                  |  |
| ORL  | ANDO FL 32820  |                          |  |  |   |                   |                                  |  | · I1 2            |                  |  |
|  |  |                          |  |  | 84                                      | City              |                                  |  | 85 Zip (          | ode              |  |
| 11. Pursuant                                   | to the provisions of Sections 607.05   | 02 and 6                 | 07.1508, Florida Statute                           | es, the a  | above                                   | e-named           | corpo                            | pration submits this statement for the purpose               | of changing its   | registered       |  |
| office or re<br>agent. La                      | egistered agent, or both, in the Stat<br>m familiar with, and accept the oblig | e of Florid<br>ations of | da. Such change was au<br>, Section 607.0505, Flor | uthorize<br>ida Sta                                | d by<br>tutes                           | the corp          | oration                          | n's board of directors. I hereby accept the ap               | pointment as re   | gistered         |  |
| ·=   |  |                          |  |  |   |                   |                                  |  |                   |                  |  |
| SIGNATURE                                      | Signature, typed or printed name of registered ag                              | ent and title            | if applicable. (NOTE:                              |  | _                                       | t signature r     | required                         | when reinstating) DATE                                       |                   |                  |  |
| 12.  | OFFICERS A   | ND DIRE                  |  | 13.  |   |                   | 1                                | ADDITIONS/CHANGES TO OFFICERS                                | AND DIRECTO       | Addition         |  |
| TITLE  | P  |                          | ☐ DELETE   | 1.1 T  |   |                   |                                  |  | □ Change          |                  |  |
| VAME   | JUSTUS, RICHARD W  |                          |  | 1  | IAME                                    |                   |                                  |  |                   |                  |  |
| STREET ADDRESS                                 | 18580 EAST COLONIAL DR.  |                          |  |  |   | ADDRESS           |                                  |  |                   |                  |  |
| CITY-ST-ZIP                                    | ORLANDO FL   |                          | DELETE   | 1.4 C<br>2.1 T                                     | TY-S                                    | T-ZIP             | -                                |  | Change            | Addition         |  |
| TITLE  |  |                          | C) OCCETE  |  | AME                                     |                   |                                  |  |                   |                  |  |
| NAME   |  |                          |  | 1  |   | ADDRESS           |                                  |  |                   |                  |  |
| STREET ADDRESS                                 |  |                          |  | ľ  |   |                   |                                  |  |                   |                  |  |
| CITY-ST-ZIP                                    |  |                          | ☐ DELETE   | 3.1 T  | CITY-S                                  | 11-21             | <del> </del>                     |  | ☐ Change          | Addition         |  |
| NAME   |  |                          |  |  | AME                                     |                   | ļ                                |  |                   |                  |  |
| STREET ADDRESS                                 |  |                          |  |  |   | ADDRESS           |                                  |  |                   | }                |  |
| CITY-ST-ZIP                                    |  |                          |  |  | CITY-S                                  |                   | ì                                |  |                   |                  |  |
| TITLE  |  |                          | ☐ DELETE   | 4.1 T  | _                                       |                   | 1                                |  | Change            | Addition         |  |
| NAME   |  |                          |  | 4 2  | NAME                                    |                   |                                  |  |                   |                  |  |
| STREET ADDRESS                                 |  |                          |  |  |   | ADDRESS           |                                  |  |                   | Ì                |  |
| CITY-ST-ZIP                                    |  |                          |  | 4.3 5  | IREE                                    |                   |                                  |  |                   |                  |  |
|  |  |                          |  |  | TY-S                                    |                   |                                  |  |                   |                  |  |
| TITLE  |  |                          | ☐ DELETE   | 4.4 (  |   |                   |                                  |  | Change            | ☐ Addition       |  |
|  |  |                          | ☐ DELETE   | 4.4 C  | ЛY-8                                    |                   |                                  |  | ☐ Change          | ☐ Addition       |  |
| TITLE  |  |                          | ☐ DELETE   | 5.1 T<br>5.2 N                                     | ITY-S'<br>ITLE<br>IAME                  |                   |                                  |  | ☐ Change          | ☐ Addition       |  |
| TITLE<br>NAME                                  |  |                          |  | 5.1 T<br>5.2 N<br>5.3 S<br>5.4 C                   | ITY-S' ITLE IAME STREET                 | T-ZIP<br>TADDRESS |                                  |  |                   |                  |  |
| TITLE<br>NAME<br>STREET ADDRESS                |  |                          | ☐ DELETE   | 5.1 T<br>5.2 N<br>5.3 S<br>5.4 C<br>6.1 T          | CITY-S' TILE LAME STREET CITY-S' TILE   | T-ZIP<br>TADDRESS |                                  |  | ☐ Change          | ☐ Addition       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |                          |  | 5.1 T<br>5.2 N<br>5.3 S<br>5.4 C<br>6.1 T<br>6.2 N | TITLE  NAME STREET  CITY-S  TITLE  NAME | T-ZIP<br>TADDRESS |                                  |  |                   |                  |  |

14. I hereby certify that the information supplies 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 empower to to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered. (407)568-0019 SIGNATURE:

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90039 042 \*\*\*150.00