

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90385 006 ****61.25

DOCUMENT # N30209

1. Entity Name

**DAVIS ISLANDS INDEPENDENT MARINE RAILWAY
ASSOCIATION, INC.**



Principal Place of Business

C/O J R SMITH
51 MARTINIQUE AVE
TAMPA FL 33606
US

Mailing Address

C/O J R SMITH
51 MARTINIQUE AVE
TAMPA FL 33606
US

2. Principal Place of Business

1315 SEVERN AVE.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

TAMPA, FL

City & State

SAME

4. FEI Number

59-2945422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, JAMES R
51 MARTINIQUE AVE
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ~~BOB~~ ☐ Delete
NAME SMITH, JAMES R
STREET ADDRESS 51 MARTINIQUE AVE
CITY-ST-ZIP TAMPA FL 33606

TITLE VD ☐ Delete
NAME BIP, HERMAN
STREET ADDRESS 6307 SELBOURNE AVE.
CITY-ST-ZIP TAMPA FL 33611

TITLE PD ☐ Delete
NAME VAN HORN, BOB
STREET ADDRESS 806 DAPHNE DR
CITY-ST-ZIP BRANDON FL 33510

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James R Smith

4-1-04

(813) 258-1943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #