FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300004670 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

SIX-BUOYS, INC.

Principal Place of Busines
1373 RENSSELAER AVE
JACKSONVILLE FL 32205

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

US

22

23

24

Zip

Mailing Address

1373 RENSSELAER AVE JACKSONVILLE FL 32205

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

US

26

27

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FILED Feb 11, 1999 8:00am **Secretary of State**

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

10/11/1993

59-3224771

4. FEI Number

- Italie and Addition of Contain Registered Agent					Training and Training and Training			
12844 ISLEWORTH DR W				1 Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				

				1				
			84	City	FI	85 Zip (Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registre								
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 if the agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
12. OFFICERS AND DIRECTORS			13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	HOLBROOK, JEFFREY		1.2 NAME					
STREET ADDRESS	1373 RENSSELAER AVE		1.3 STREE	TADDRESS			٠ (
CITY-ST-ZIP	JACKSONVILLE FL 32205		1.4 CITY-S	T-ZIP	• • • • • • • • • • • • • • • • • • • •	ı		
TITLE	VD	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	HUBER, CLIFF		2.2 NAME				- 1	
STREET ADDRESS	3855 OAK ST		2.3 STREE	TADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32205		2. 4 CITY-5	ST-ZIP				
TMLE	STD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME ()	COMBS, ROGER L JR.		3.2 NAME				i	
STREET ADDRESS	12844 ISLEWORTH DR W		3.3 STREE	TADDRESS			1	
CITY-ST-ZIP	JACKSONVILLE FL 32256		3.4. CITY-5	ST-ZIP				
TITLE		□ DELETE	4.1 TITLE			_ ☐ Change	Addition	
NAME			4. 2 NAME		the first of the depth to still	.19. 85 # 116	3044 ph : s e .	
STREET ADDRESS			4.3 STREE	TADORESS	· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	(A)	ja šela pist.	an Bhill	
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME		-			
STREET ADDRESS			5.3 STREE	TADDRESS			1	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	. 1, 1	<u>. </u>	•	
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME			_		
STREET ADDRESS	Section 1		6.3 STREE	T ADDRESS		•		
CITY-ST-ZIP			6.4 CITY-S					
14. I hereby o	ertify that the information supplied with this filing of	loes not qualify for th	ne exempt	ion state	d in Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the i	nformation	

Country

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on en attachment with an andress, with all other like empowered.

SIGNATURE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable