FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N96000003336 (2)

ESTERO BAY MARINE LABORATORY, INC.										
Principal Place of Business			Me	Mailing Address						A 10011101 GIO JOINE GIRL OUT
718 FISHERMAN'S WHARF FORT MYERS BEACH FL 33831				718 FISHERMAN'S WHARF FORT MYERS BEACH FL 33831						3. Date Incorporated or Qualified 06/20/1996 4. FEI Number Applied For
										65-0679085 Not Applicable
Principal Place of Business 1			2a. 26	26. Mailing Address 6 P.O. Box 08275				75		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	
City & State			27	City & State				i	Trust Fund Contribution Added to Fees	
23			28	The same and the s			FL		7. Is this nonprofit corporation a homeowners association?	
Zip		Country	20	Zip	121	Cour			-	8. This corporation owes or has paid the current year Intangible
24		25	29	3390	<u>ාපි</u>	30		LSA		Personal Property Tax due June 30. Yes No
	9. Name	and Address of Curre	nt Regist	tered Agent						10. Name and Address of New Registered Agent
						Į,	81	Name		
LEE, THOMAS J 12307 MCGREGOR WOODS CIRCLE						1	82	Street	Addres	ss (P.O. Box Number is Not Acceptable)
FORT MYERS FL 33908							вз			·
						Ţ	84	City		FL 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 registered 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE										
12.	Signature, typei	or printed name of registered as OFFICERS AF			(NO	TE: Registered	Ager	nt signature	required :	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	OF TOLING AF	DITIEC		ELETE	1.1 TITE	E		1	Change Addition
NAME		IOMAS J		_		1.2 NA				
STREET ADDRESS 718 FISHERMAN'S WHARF				1.3 STREET ADDRESS			address			
CITY-ST-ZIP	FORT A	IYERS BEACH FL 33	931			1.4 CfT	Y - ST	- ZIP		
TITLE	VD			□ D	ELETE	2.1 TITL	.£			☐ Change ☐ Addition
NAME		ELL-TAPPING, HUGH	J PH. D.	,		2.2 NA	ÆΕ			
STREET ADDRESS		HERMAN'S WHARF				2.3 STR	EET /	ADDRESS		ı
CITY-ST-ZIP		<u> IYERS BEACH FL 33</u>	<u>931 </u>	7-1-5		2. 4 CIT		T-ZIP		
TITLE	STD	D.414D. 6		☐ DI	ELETE	3.1 THTL		ļ		☐ Change ☐ Addition
NAME		, DAVID S				3.2 NA				
STREET ADDRESS		HERMAN'S WHARF	021			5.5 5.7		ADDRESS .		
CITY-ST-ZIP TITLE	FUKIK	IYERS BEACH FL 33	<u> </u>		FLETE	3.4. CIT	_	I - ZIP		Change Addition
NAME						4.1 IIII				L custing L Addition
STREET ADDRESS								ADDRESS	•	
CITY-ST-ZIP						4.4 City		- 1		
TITLE	<u> </u>			□ Di	ELETÉ	5.1 TiTL		- E.II		☐ Change ☐ Addition
NAME						5.2 NAN				·
STREET ADDRESS								ADDRESS		
CITY-ST-ZIP						5.4 CITY	/- S T	- ZIP		
TITLE				□ DI	ELETE	6.1 TITL				☐ Change ☐ Addition
NAME						6.2 NAN	Æ			
STREET ADDRESS						6.3 STR	EET A	address		
CITY-ST-ZIP	_					6.4 CITY	/-ST	ZIP		

14. Thereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

2/3/98

941-466-9339

FILED

Feb 10 1998 8:00am

Secretary of State