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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000029297 1. Corporation Name

CHUCK'S MARINE, INC.

							1811 36 11 48 11		18 (B)() (B)() (B)()
Principal Place of Business Mailing Address									
302 CAIN ROAD 302 CAIN ROAD					1				
ROUTE 6 ROUTE 6						DO NOT WE	ITE IN THIS	SDACE	
PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 324			32413		3. Data Inc	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
							,		
0.0: 10: 70:					04/21/ 4. FEI Nun			17	Applied For
2. Principal Place of Business 2a. Mailing Address		— ·			1				ot Applicable
21			26		59-323	33/20			Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcat	e of Status Desired		•	Required
City & State		City & State	City & State		6 51	C-masian Financias			
		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23] Zip	Country	Zip	Country			poration owes the cu	rrent vear Int		
24			30			Property Tax.	rem year m	Yes	□No
24	9. Name and Address of Curre		30			nd Address of New	Registered	Agent	
	o. Hallo allo Hadisə or our		81	Nam	· · · · · · · · · · · · · · · · · · ·			_	
REDDICK, HILLIARD R ATTY									
104-A NORTH ADAMS STREET			82	Stree	et Address (P.O. Box	Number is Not Accep	table)		
QUINCY FL 32351			83						
			84						
				City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				-name	d corporation submits	this statement for th	e purpose of	changing i	ts registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was at	uthorized by	the cor	poration's board of di	rectors. I hereby acc	ept the appoi	ntment as	registered
agent. I a	m familiar with, and accept the oblig	pations of, Section 607.0505, Flor	rida Statutes	•					
SIGNATURE	Signature, typed or printed name of registered ag	ant and title if angleable (NOTE	Registered Ager	t signatur	e required when reinstating)		DATE		
12.		ND DIRECTORS	13.	-		NS/CHANGES TO C	FFICERS A	ND DIRECT	TORS IN 12
TITLE			1.1 TITLE		T-S-P			Change	Addition
NAME	BOWEN, TOBBIE A		1.2 NAME		Tabbi E	A. Bows	·N		
STREET ADDRESS	and devices positive a		1.3 STREET	ADDRES	s 303 C	IN Rd.	Rt6		
			1.4 CITY-S		Panaw	C . TY 13CH	FL 3	2013	i
TITLE	ST SEACHTE GE	TTO (METERON DELETE	2.1 TITLE		1 -110 11 11	<u></u>	, · - · <u>·</u>	Change	Addition
			2.2 NAME						
NAME	AND AND DE DAVITE A			ADDUTE					
DANIANA OITH DEACH EL COMA			2.3 STREET 2.4 CITY-S		3				
CITY-ST-ZIP				1-212				☐ Change	Addition
TITLE			3.1 TITLE						
NAME			3.2 NAME						i
STREET ADDRESS			3.3 STREE		5				
CITY-ST-ZIP			3.4. CITY-S 4.1 TITLE	T-ZIP				Chang	e 🔲 Addition
TITLE			1					C) Ondrig	<u> </u>
NAME			4. 2 NAME						
STREET ADDRESS			# A3STREE						
CITY-ST-ZIP			•	ADDRES	is				•
TITLE			4.4 CITY-S		S			Ch	[] Addition
NAME		☐ DELETE	4.4 CITY-S 5.1 TITLE		S			☐ Chang	e Addition
		☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP				☐ Chang	e Addition
STREET ADDRESS		☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	T-ZIP				☐ Chang	e Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP				☐ Chang	

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 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90054 011 ***150.00

850-235-0423