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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000079935 (1)

WILLIAM G. PRESTON MARINE DESIGN, INC.

FILED Feb 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address		•		T 165/402; 153 10140 SING SEAL BOOK ORDIN BONK SOOR LEGIO 10580 SING SAM SING
60 Shoreline dr Gulf Breeze fl 32561		60 Shoreline dr Gulf Breeze fl 32561		
				DO NOT WRITE IN THIS SPACE
				 Date Incorporated or Qualified 11/15/1993
 -	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 26				59-3208083 Not Applicable
Suite, Apt #, etc 27				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	····	30	Personal Property Tax due June 30.
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FDDINS WILLIAM 81 Name				
EDDINS, WILLIAM 900 N PALAFOX ST				
PENSACOLA FL 32501			62 Street	Address (P.O. Box Number is Not Acceptable)
			83	
			84 City	► 85 Zip Code
				FL T
11. Pursuant to the provisions of Sections 607 0502 and 607, 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 orbitgations of, Section 607 0505, Florida Statutes.				
SIGNATURE				
	Signature, typed or petited name of requisitored age		Registered Agent signature	
12.	OFFICERS AND	DELETE DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	PRESTON, WILLIAM G	been	1.2 NAME	
STREET ADDRESS	60 SHORELINE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561		1.4 CITY - ST - ZIP	
TITLE	D	DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	PRESTON, MARY A		2.2 NAME	
STREET ADDRESS	60 SHORELINE DR		2.3 STREET ADDRESS	ļ
CITY-ST-ZIP	GULF BREEZE FL JJ325-61		2.4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME 3.3 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			3.4 City-St-Zip	1
TITLE		DELETE	4.1 DILE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		<u></u>	4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP		Therese	5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME OTREET ADDRESS			6.2 NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	certify that the information supplied wi	th this filma does not qualify for	f the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information

I nereby certify that the information supplied with this limit does not qualify for the exemption stated in section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report or supplied united 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in