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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000083879 (5)

A D T DOCK & FLOATATION ENTERPRISES, INC.

Principal Place of Business HIGHWAY 51 STEINHATCHEE FL 32359 US	Mailing Address P. O. BOX 688 STEINHATCHEE FL	. 32359		DO NOT WRITI	E IN THIS SPACE	
1				12/01/1993		
2. Principal Place of Business	2s. Mailing Address	3		4. FEI Number		Applied For
21	26			59-3218255	<del></del>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		<del></del>	5. Certificate of Status Desired		Additional Required	
City & State	City & State			6. Election Campaign Financing	\$5.0	О Мау Ве
23	28			Trust Fund Contribution		d to Fees
Zip Country	Zip	Country		This corporation owes or has paid the current year Intangible		
24 25	29	30		Personal Property Tax due June		<u> </u>
9. Name and Address of C	urrent Registered Agent	81	Name	10. Name and Address of New Ro	egistered Agent	
DOWERS, GREGORY R		*'	IAGUIA			
688 HWY. 51 STEINHATCHEE FL 32359		82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
		83				·
		84	City		FL  85   Zi	p Code
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE     Signature, typed or printed name of registers.	red agent and little if applicable	(NOTE Registered Age		ed when reinstating)	DATE	
	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE PO	☐ DELET				Chang	e 🔲 Addition
NAME DOWERS, GREGORY R		12 NAME				
STREET ADDRESS 688 HWY. 51 CITY-ST-28P STEINHATCHEE FL 3230	E0.	1.3 STREET				
TITLE STD	DELET	1.4 CITY-ST E 2.1 TITLE	- ZIP		Change	Addition
NAME DOWERS, DEREITH		2.2 NAME			والمالة لي	
STREET ADDRESS 688 HWY 51			IDDRESS		4	
CITY-ST-ZIP STEINHATCHEE FL			- ZIP			
TITLE	DELETE 3.1 T				Chang	Addition
NAME		3.2 NAME	1			
STREET ADDRESS		3 3 STREET	ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	3.4. CITY-S	- ZIP			
TITLE	☐ DELET		İ		Change	Addition
NAME		4. 2 NAME	ļ			
STREET ADDRESS		4.3 STREET				
CITY-ST-ZIP	☐ DELFT	4.4 CITY - ST	- ZIP		Change	Addition
TITLE	∟ vctri		1		change	: La Managai
NAME CONTRACT ADDRESS		5.2 NAME	DODICA			
STREET ADDRESS		5.3 STREET				ļ
CITY-ST-ZIP	DELET	5.4 CITY-ST E 6.1 FITLE	- 415		Change	Addition
NAME					I I DIMIN	S   JADUIUUII 1
	L. Deter		İ			a L ADUIDOII
STREET ADDRESS	L. DECE	6.2 NAME 6.3 STREET	.Nnress		Citalig	S [_] ADUIDON

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.

SIGNATURE: 2

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M R Dowed

4/24/98 352-498-7721

**FILED** 

May 01 1998 8:00am

Secretary of State

\*2E034 (10/97)