SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 14 AM 11:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000025111 (3)**

1. Corporation Name
HIDE-A-WAY HARBOR MARINA, INC.

Principal Place of Business	Mailing Address
3700 WEST HIGHWAY 98 MEXICO BEACH FL 32410	3700 WEST HIGHWAY 98 MEXICO BEACH FL 32410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26): P.O. Box 13250
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-3232218 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COSTIN, CHARLES A ESQ.
413 WILLIAMS AVENUE
PORT ST. JOE FL 32456

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	MCCULLOUGH, KAY	12 NAME	
STREET ADDRESS	~~1806 RIDGECREST STREET~~	13 STREET ADDRESS	105 N 36TH ST
CITY-ST-ZIP	~~VALDOSTA GA 31601~~	14 CITY-ST-ZIP	MEXICO BEACH, FLA 32410
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PITTS, SHERRY	22 NAME	
STREET ADDRESS	118 WINNWOOD DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA GA 31601	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MCCULLOUGH, JAMES	32 NAME	
STREET ADDRESS	1806 RIDGECREST STREET	33 STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA GA 31601	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	PITTS, ALLEN	42 NAME	
STREET ADDRESS	118 WINNWOOD DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA GA 31601	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jim McCullough JAMES McCULLOUGH 7/11/95 904-648-6407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (3/95)

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