

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P94000025111 (3)**

1. Corporation Name

**HIDE-A-WAY HARBOR MARINA, INC.**

Principal Place of Business

**3700 WEST HIGHWAY 96  
MEXICO BEACH FL 32410**

Mailing Address

**P O BOX 13250  
MEXICO BEACH FL 32410  
US**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified

**03/28/1994**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	<b>MCCULLOUGH, KAY</b>	1.2 NAME	
STREET ADDRESS	<b>105 N 38TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEXICO BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	<b>PITTS, SHERRY</b>	2.2 NAME	
STREET ADDRESS	<b>4938 SNAKE NATION ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAHIRA GA</b>	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	<b>MCCULLOUGH, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>105 N 38 ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEXICO BCH. FL 32410</b>	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	<b>PITTS, ALLEN</b>	4.2 NAME	
STREET ADDRESS	<b>4938 SNAKE NATION ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAHIRA GA</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*Jim McCullough*

558

4/10/98 852648 5407

CR2E034 (10/97)