

**FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

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TALLAHASSEE, FLORIDA

DOCUMENT # **P94000036875 (0)**

Florida Corporation Type

**BOTTOM'S UP MARINE, INC.**

Principal Place of Business	Mailing Address
2090 49TH TERR SW NAPLES FL 33999	2090 49TH TERR SW NAPLES FL 33999

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified	3a. Date of Last Report
05/12/1994	
4. FIC Number	Applicant For
65-0525283	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BASS, RAYMOND L JR.  
2335 TAMiami TR N  
SUITE 409  
NAPLES FL 33940-4459**

10. Name and Address of New Registered Agent

81 Name
82 Street Address, P.O. Box Number, Not Applicable
83
84 City
85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 605.01 and 605.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of office in this State. If a new registered office was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and understand the implications of the provisions of the Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

NAME	D MCLERAN, NEVIN
STREET ADDRESS	2090 49TH TERR SW
CITY	NAPLES FL 33999
NAME	D DOMAS, COREY
STREET ADDRESS	4041 EDGE KEY CIR
CITY	NAPLES FL 33962

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY	
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	
6. CITY	
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	
9. CITY	
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	
12. CITY	

14. I hereby certify that the information supplied in this filing is voluntarily furnished and given faithfully for the reasons stated in Section 605.01, Florida Statutes. I further certify that the information included in this annual report or supplementary annual report is true and accurate and that the signatories shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears in block 12 of this report in accordance with an affidavit.

SIGNATURE: *Nevin McLeran* **Nevin McLeran** 4-27-95 4

\_\_\_\_\_  
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR