**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **P94000040533**

R & L MARINE, INC.

R & L MAF	RINE, INC.				
Principal Place of	of Rusiness	Mailing Address			
•		32345 CHIPOLA TRAIL			
2345 CHIPOLA TRAIL 32345 CHI ORRENTO FL 32776 SORRENTO		SORRENTO FL 32776	•	DO NOT WRITE IN THI	S SPACE
S US		บร		3. Date Incorporated or Qualifed	
,				05/20/1994	
				4. FEI Number	Applied For
. Principal Pla	ce of Business	2a. Mailing Address		59-3250616	Not Applicable
i .		26		<del>+</del>	\$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
27				6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		6. Election Campaign Pinancing	Added to Fees
		28	Country	8. This corporation owes the current year	Intangible
Zip	Country	Zip	3 ·	Personal Property Tax.	Yes LINO
J	25	29 30	_ <del></del>	10. Name and Address of New Registere	d Agent
	9. Name and Address of Curr	ent Registered Agent	81 Name		•
		A CONTRACTOR OF THE STATE OF TH		and a state of the	
ing Sims,	, DAVID A	40	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
500 E ALTAMONTE DRIVE SUITE 210		83		<b>三国阿斯斯斯斯</b>	
ALTA	MONTE SPRINGS FL 32701		63		85 Zip Code
	•		84 City		85 Zip Code
	•			rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
SIGNATURE	Signature, typed or printed name of registered	agent and the traction of the second	egistered Agent signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.		AND DIRECTORS	1,1 TITLE	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	☐ Change ☐ Addition
TITLE	D-		: 1.2 NAME	-	
NAME	GLASEMANN, LORI C		1.3 STREET ADDRESS		
STREET ADDRESS			1.4 CITY-ST-ZIP		
CITY-ST-ZIP	SORRENTO FL	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE	D	□ percir	2.2 NAME		
NAME	GLASEMANN, ROBERT G		2.3 STREET ADDRESS		•
STREET ADDRESS	32345 CHIPOLA TRAIL				
CITY-ST-ZIP	SORRENTO FL	- DOLETE	2.4 CITY-ST-ZIP		☐ Change ☐ Additio
TITLE		DELETE	3.1 TITLE		
NAME 3	Mr. Commission	+*·		20 mg t 1928	CELEBRATE CONTROL OF STATE OF THE STATE OF T
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4. 2 NAME		
STREET ADDRES	s	in the second second	4.3 STREET ADDRESS	•	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		
NAME			5.2 NAME	•	
STREET ADDRES	ss		5.3 STREET ADDRESS		
	<i>D</i> .		5.4 CITY-ST-ZIP		☐ Change ☐ Additi
CITY-ST-ZIP TITLE		[] DELETE	6.1 TITLE		
1 111111			6.2 NAME	•	

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 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 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS