

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90111 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000043333					
1. Corporation Name DEAD RIVER MARINA, INC.					
Principal Place of Business 11611 US 441 TAVARES FL 32778			Mailing Address P O BOX 366 TAVARES FL 32778		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/09/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3252403	
City & State 23		City & State TAVARES FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24		Zip 32778		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 25		Country US		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent FOREMAN, DENNIS L 11611 US 441 TAVARES FL 32778			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	P	☐ DELETE			
NAME	FOREMAN, DENNIS				
STREET ADDRESS	1319 LAKESHORE BLVD				
CITY-ST-ZIP	TAVARES FL				
TITLE	VP	☐ DELETE			
NAME	STREETER, RICHARD				
STREET ADDRESS	5 TERRY LANE				
CITY-ST-ZIP	CHEBANSE IL 60922				
TITLE	ST	☒ DELETE			
NAME	FOREMAN, VIRGINIA				
STREET ADDRESS	1319 LAKESHORE BLVD				
CITY-ST-ZIP	TAVARES FL				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE ☐ Change ☐ Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE ☐ Change ☐ Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE: Dennis Foreman 1-20-99 352-343-4331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)