PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000048369

1. Corporation Name

DESTIN MARINE, INC.

Principal Place of Business 621 HWY 98 EAST

2. Principal Place of Business

_Suite, Apt. #, etc.

DESTIN FL 32541

21

Mailing Address

2a. Mailing Address

_Suite, Apt. #, etc.__

621 HWY 98 EAST DESTIN FL 32541

26

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90110 042 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date incorporated or Qualifed

06/24/1994 4. FEI Number

59-3254352

City & State Country Zip Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ADCOCK, LEONARD M 621 HWY 98 EAST DESTIN FL 32541 83 84 City Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code FL 85 Zip Code Grice 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, lysed or privad name of registered agent and title if applicable. P	22		27				5. Certificate of Status Besiled		Fee Red	quired
Trust Fund Contribution Added to Freeze		e					6. Election Campaign Financing		\$5.00	May Be
Zip Country Zip Country 29 30 30 10 10 10 10 10 10	23						Trust Fund Contribution		Added to	o Fees
9. Name and Address of Current Registered Agent ADCOCK, LEONARD M 621 HWY 96 EAST DESTIN FL 32541 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florids. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. WALTON BEACH FL 18. ZIRME 18. ZIRME ADCOCK, LEONARD 18. STREET ADDRESS 17. WALTON BEACH FL 18. ZIRME 19. DELETE 21. TITLE 10. DELETE 21. TITLE 10. DELETE 21. TITLE 10. Change Additional Change		Country		С	ountry		8. This corporation owes the curr	ent year Int	angible	
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ADCOCK, LEONARD M 621 HWY 98 EAST DESTIN FL 32541 32						10. Name and Address of New Registered Age			Agent	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)			_		81	Name				
DESTIN FL 32541 Bat City	· · · · · · · · · · · · · · · · · · ·					82 Street Address (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above—named comprasion 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 objective as 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 objective as registered office or registered agent, or both, in the State of Florida, Such changes was authorized by the corporation's board of directors. I hereby accept the objective as registered agent, and the provision of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, Type of private name of negistered agent and this if applicable. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. In TILE ADCOCK, LEONARD STREET ADDRESS CITY.ST.2P TITLE ADCOCK, JEAN E. 12. TITLE ADCOCK, JEAN E. 13. STREET ADDRESS CITY.ST.2P 14. CITY.ST.2P TITLE ADCOCK, JEAN E. 14. CITY.ST.2P TITLE ADCOCK, JEAN E. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LEANNE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LEANNE 15. STREET ADDRESS CITY.ST.2P TITLE ADCOCK, JEAN E. 16. Change Addit ADDRESS CITY.ST.2P TITLE ADCOCK, JEAN E. 17. WALTON BEACH FL. ADCOCK, JEAN E. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LEANNE 10. STREET ADDRESS CITY.ST.2P TITLE ADCOCK, JEAN E. 12. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO	·					Order Address (1.0. Box Admission of Astrocophics)				
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SIGNATURE Signature, typed or printed name of registered agent and bif a applicable 13.	office or r	registered agent, or both, in the State o	if Florida. Such chang	e was authoriz	ea by '	the corporatio	on's board of directors. I hereby accep	ot the appoi	ntment as rec	jistered
Companies Signature, Symbol or printed name of registered agent and stife if applicables. COYE. Registered Agent agent spread when reinstation() DAILY	agent. i a	im familiar with, and accept the obligati	ons or, Section 607.00	505, Florida Si	alules.					1
12.	SIGNATURE	Signature boad or printed name of registered agent	and title if applicable	(NOTF: Registe	red Agen	t signature require	d when reinstating)	DATE		
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	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	14. I hereby	certify that the information supplied with	h this filing does not q	ualify for the e	xempti	on stated in S	Section 119.07(3)(i), Florida Statutes.	I further cer	tify that the ir	ntormation

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.