## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

Corporation Name	F94000073269	(0)
THE PASS-A-GRILLE	MARINA, INC.	

Principal Place of Business	Mailing Address



Principal Place of Business Mailing Address		-	ı vanındar ise rafist dilait abist basis basis basis basis başis sidat ilişib ibit ilbi						
1901 PASS-A-GRILLE WAY ST. PETERSBURG BEACH FL 33706  1901 PASS-A-GRILLE WAY ST. PETERSBURG BEACH FL			<b>)</b> 6						
<u> </u>						3. Date Incorporated or Qualified 10/06/1994	3a. Date <b>05</b>	of Last F	,
	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21 Cuito Ant		26			<b>59-3279677</b> Not App			Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		\$5.0 Adde	00 May Be ed to Fees		
Zip	Country	Zφ	Cou	ntry		8. This corporation has liability for in		under s	199.032,
24	25  9. Name and Address of Current	29	30			Florida Statutes 🔀 Yes	□ No		
	g, Name and Address of Current	Registered Agent		81	Nama	10. Name and Address of New Ro	gistered A	gent	
DEVAIOU	DC TUOM E E00			°'	Name				
100 - 2N	DS, THOMAS E ESQ. ID AVE., NORTH			82	Street Addres	s (P.O. Box Number is Not Acceptable	9)		
SUITE 30				83					
ST. PETE	ERSBURG FL 33701		}	84	City			loc 1 7	ın Code
				-	-		FL	1 1	p Code
	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid the and account the obligations of Section			ve-n orpo	amed corporati	on submits this statement for the purp of directors. Thereby accept the appo	ose of char	iging its	registered office
familiar wit	th, and accept the obligations of, Section	on 607.0505, Florida Statutes	S. ,			or enterest the day accept the appe	indifficity as r	ogistoro	agent. rain
SIGNATURE _	Signature, typed or printed name of registered agent a		99. <b>- 2</b> 009	····-					
12.	OFFICERS AND		13.	Agent	t signature required w		DATE		
TITLE	PD	DELETE	1.110	TI E		ADDITIONS/CHANGES TO OFFIC			
NAME	FALKENSTEIN, DOMONICK J.		1.2 NA		1		L	Change	☐ Addition
STREET ADDRESS	1002 PASS-A-GRILLE WAY				LDDDEEG				ļ
CITY-ST-ZIP	ST. PETERSBURG BEACH FL		. I		ADDRESS				-
TITLE	STD	DELETE	2 1 TII		1-219			05	FI ALES
NAME	FALKENSTEIN, BRUNO					Change Ad			Addition
STREET ADDRESS	OAM DAGG A COULT WAY			2 2 NAME					
CITY-ST-ZIP	ST DETERORIDG DEACH EL		- 1	2 3 STREET ADDRESS					}
TITLE	OTT PETERODORIO DESCRIPTE				1-214			01	
NAME		End beceive	3 1 TI) 3 2 NA)				L	Change	Addition
STREET ADDRESS					ADDRESS				
CITY-ST-2IP					ADDRESS				
TITLE		☐ DELE 1E	3.4 Crī 4. 1 Tij		- 2011			Change	Addition
NAME		•	4.2 NA				LJ	onalige	L.J. Addition
STREET ADDRESS					ADORESS				
CITY-ST-ZIP									
TITLE		DELETE	4.4 CIT 5. 1 TIT		- 20'		<del></del>	Change	Addition
NAME			5.2 NAI				<b>L</b>	onange	☐ Addition
STREET ADDRESS			- 1		ADDRESS				
CITY-ST-ZIP									
THILE		☐ DELETE	5 4 CIT 6 1 111		* EIF			Change	- Addition
NAME			6.2 NAM		1		Ц	Change	Addition
STREE1 ADDRESS					ADDDGGG				
CITY-ST-ZIP					ADDRESS				
	certify that the information supplied wi	th this filing is voluntarily furo	64 CIT			he exemption stated in Cost 440 C	7/0//1 51	L- 60 T-	

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 or any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR MANAGED MANE OF SIGNING OFFICER OR DIRECTOR

4-1086 360-0100