


COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 15, 1999 8:00 am
Secretary of State
09-15-1999 90001 008 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000001290**
Corporation Name **THE ST. AUGUSTINE RIVERBOAT COMPANY, INC.**

Principal Place of Business
**111 AVENIDA MINEDEZ
STE B
AUGUSTINE FL 32084**

Mailing Address
**111 AVENIDA MENDEZ
STE B
ST AUGUSTINE FL 32084
US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
111 B AVENIDA MENDEZ
Suite, Apt. #, etc. **26**
City & State **27**
Zip **25** Country **29**

2a. Mailing Address
111 AVENIDA MENDEZ
Suite, Apt. #, etc. **27**
City & State **28**
Zip **29** Country **30**

3. Date Incorporated or Qualified
01/04/1995

4. FEI Number
59-3292842
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**BOLES, JOSEPH L JR
120 CHARLOTTE ST
ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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.
BOLES, JOSEPH L JR

(NOTE: Registered Agent signature required when reinstating)
DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<div><div><input type="checkbox"/> DELETE</div><div>P DEAN, DENNIS F 18 CORDOVA ST ST AUGUSTINE FL 32804</div></div>	<div><div><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div><div>1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DEAN, DENNIS F 111 B AVENIDA MENDEZ ST AUG. FL 32084</div></div>
<div><div><input type="checkbox"/> DELETE</div><div>ST DEAN, JEANNETTE M 18 CORDOVA ST ST AUGUSTINE FL 32804</div></div>	<div><div><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div><div>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DEAN, JEANNETTE M. 111 B AVENIDA MENDEZ ST AUG. FL 32084</div></div>
<div><div><input type="checkbox"/> DELETE</div><div></div></div>	<div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div><div>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</div></div>
<div><div><input type="checkbox"/> DELETE</div><div></div></div>	<div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div><div>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</div></div>
<div><div><input type="checkbox"/> DELETE</div><div></div></div>	<div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div><div>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</div></div>
<div><div><input type="checkbox"/> DELETE</div><div></div></div>	<div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div><div>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</div></div>

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.

SIGNATURE: **SIGNATURE REQUIRED**

CR2E034 (5/99)