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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DCUMENT # P95000038848

,RRY'S MARINE CENTER, INC.

FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90118 023 ***150.00

941-467-9951

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Place of D						ABUR BANK ABKA) 18116
al Place of Business	Mailing Address			i !! !! !	BEN 186 (BIBLES) (1861).	8800 8800 880 0 0		
GHWAY 441 SE OBEE FL 34974	3826 HIGHWAY 441 SE				ane mit enitet titll Etill	antii natii 90190		LEGEN OLDON FAST
	OKEECHOBEE FL 349	174		<u> </u>				
					DO NOT WE	RITE IN THIS	SPACE	
in at Di-				Date Incorporated or Qualifed				
ipal Place of Business	2a. Mailing Address			05/15/19	95			
Apt. #, etc.	26			4. FEI Numbe	i		$ \top$ \top	Applied For
	Suite, Apt. #, etc.			65-05878				Not Applica
State	27			Certifcate o	f Status Desired			5 Additional
	City & State			6. Election Ca	mpaign Financing			Required
Country	28 Zip			Trust Fund	Contribution		\$5.0	O May Be
25	20	Count	try		ition owes the curr	met	Adde	ed to Fees
9. Name and Address of Cu	rrent Registered Agent	30		reisonal Pro	operty Tax	Г	7 V	No
		8	1 1	10. Name and	Address of New R	Registered Ac	ent	VINO
ICHARDSON, LARRY E 326 HIGHWAY 441 SE		\°	1 Name			, ,	iont.	
KEECHOBEE FL 34974		82	2 Street Add	ress (P.O. Box Num	ber is Not Accepto	blo		·
NELONODEE PL 349/4		83				old)		
		**						
		84	City					
ant to the provisions of Sections 607.0	0502 and 607 1508 Florido State		1			E i l'	35 Zip	Code
I registered agent, or both, in the Sta I am familiar with, and accept the obli	inations of Cartin Change Was	audionzed by	the corporation					s registered
		lorida Statutes	the corporations.	n's board of director	s. I hereby accept	the appointm	ent as r	egistered
Signature, typed or printed name of registered a	agent and title if applicable			ļ	s. I hereby accept	the appointm	ent as r	egistered
Signature, typed or printed name of registered a OFFICERS A			the corporations.	when reinstating)		DAYE		
Signature, typed or printed name of registered a OFFICERS A	agent and title if applicable	E: Registered Agen		when reinstating)	s. I hereby accept	DATE CERS AND D	IRECT	
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