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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051155 (6)

FILED

98 MAY -1 ANTH: 14

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TALLARY SEED, FLORIDA

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NAUTIC	CA/DUVAL, INC.			1 (881/88) (45 /816) E1/1/ FS1// ES/H ES/H EN// S8/8)	01(8) (100) 1200( 01(5) 01() 200)
Principal Plac	ce of Business	Mailing Address			01101 11001 (1001 <b>0</b> 1101 0111 1001
13361 ATLANTIC BLVD. P.O. BOX 2861					
JACKSONVILLE FL 32225 ST. PETERSBURG FL 33 US US		731-2861			
				DO NOT WRITE IN TH	IIS SPACE
ļ				3. Date Incorporated or Qualified	
Delegate of 5	Diagonal Discourage	La MaiGra Antalana		06/21/1995	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt.	# alo	Suite, Apt. #, etc.	····· <u>··</u>	59-3323830	Not Applicable \$8.75 Additional
22	w, etc.	27		5. Certificate of Status Desired	Fee Required
City & Stal	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☑ No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
GII	LES, JOEL B		81 Name		
200 CENTRAL AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	E. 2300		0,100(7,00)	(i.e. box number to Not Noodplable)	
	. PETERSBURG FL 33701		83		· · · · · · · · · · · · · · · · · · ·
			84 City		85 Zip Code
			04) 04)	F	L   85   210 00000
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpos	e of changing its registered
agent. La	registered agent, or both, in the state am familiar with, and accept the oblig	e or Horida. Such change was a jations of, Section 607.0505, Ek	aumonzed by the corporat orida Statules.	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
	Signature, typed or printed name of region and as		E Hegislered Agent signature requi		
12.	OPS OFFICERS AF	VD DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	DODSON, J. T JR.	otter	1.2 NAME		<u> </u>
STREET ADDRESS	13361 ATLANTIC BLVD.		1.3 STREET ADDRESS	800002513	33184
	JACKSONVILLE FL		1.4 CITY - ST - 71P	05/06 <u>/</u> 98 <u></u> -	
CITY-ST-ZIP TITLE	AST	DELETE	2.1 TITLE	****1 <del>50.00</del>	Change Addition
NAME	DODSON, JEAN M		2.2 NAME		
STREET ADDRESS	13361 ATLANTIC BLVD.		2.3 STREET ADDRESS		,
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 City - St - ZiP		/
TITLE	AS	DELETE	3.1 HTLE		☐ Change ☑ Addition
NAME	RENE' M. Wood		3.2 NAME		
STREET ADDRESS	SHOT WEST KENNE	Y BLVD., STE.951	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		Ì
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		☐ DLLETE	5.1 TITLE	1 1	Change Addition
NAME			5.2 NAME	14 . 4	
STREET ADDRESS	ļ		5.3 STREET ADDRESS	9 . 1'	ļ
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	61 THTLE	$\mathcal{I}$	Change Addition
NAME			6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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 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 corperation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, given all attachment with all address.

OLONIATURE.

4/30/98