

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000082252

1. Corporation Name
BRYDE'S MARINE CENTER, INC.

Principal Place of Business
1162 4TH STREET SOUTH
ST. PETERSBURG FL 33701

Mailing Address
1162 4TH STREET SOUTH
ST. PETERSBURG FL 33701

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90092 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1995

4. FEI Number
59-3352922

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 200 16th STREET No
Suite, Apt. #, etc.

2a. Mailing Address

26 200 16th STREET No
Suite, Apt. #, etc.

City & State

23 ST. PETERSBURG FL

City & State

28 ST. PETERSBURG FL

Zip

24 33705 25 USA

Zip

29 33705 30 USA

9. Name and Address of Current Registered Agent

WILKINSON, G B ESQ.
696 1ST AVENUE NORTH STE 201
ST. PETERSBURG FL 33701

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

11. 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME
BRYDE, JAMES R
STREET ADDRESS
1162 4TH STREET SOUTH
CITY-ST-ZIP
ST. PETERSBURG FL 33701

TITLE D ☐ DELETE

NAME
BRYDE, MILDRED B
STREET ADDRESS
1162 4TH STREET SOUTH
CITY-ST-ZIP
ST. PETERSBURG FL 33701

TITLE D ☐ DELETE

NAME
BRYDE, CHRISTOPHER J
STREET ADDRESS
1162 4TH STREET SOUTH
CITY-ST-ZIP
ST. PETERSBURG FL 33701

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 200 16th STREET North
1.4 CITY-ST-ZIP ST. PETERSBURG FL 33705

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 200 16th STREET North
2.4 CITY-ST-ZIP ST. PETERSBURG FL 33705

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 200 16th STREET North
3.4 CITY-ST-ZIP ST. PETERSBURG FL 33705

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:

Michael B. Bryde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

Date

727 823 5327

Daytime Phone #

CR2E034 (11/98)