SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT** # P95000084691 (1)

ANCHUH BAY MAHINE SEHVICE, INC.							
Principal Place of Business	Mailing Address						
15146 IONA LAKES DRIVE FORT MYERS FL 33908	15146 IONA LAKES DRIVE FORT MYERS FL 33908						



	T MYERS FL 33908 FORT MYERS FL 33908									
						Date Incorporated or Qualified     11/01/1995	3a. Date of		DINE	
2. Principal P	tace of Business  SAN CARLOS BLVD	2a. Mailing Address 26				4. FEI Number 65-0619664		Applie Not Ar	ed For opticable	
Suite, Apt.	#, etc	Suite, Apt # etc				5. Certificate of Status Desired 5. Sertificate of Status Desired 5. Fee Required				
City & State	MYERS, FLORIDA	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip 24 33	931 25 115A	Ζιρ <b>29</b>	Zip Country			Inis corporation has liability for intangible tax under s 199 032.  Florida Statutes Yes X No.				
	9. Name and Address of Current F	1 - 1	1551			10. Name and Address of New Re				
AL	WASON, GUY H JR			81 Nan	ie		T- ma / 11.			
	3161 MCGREGOR BOULEVARD			82 Stree	et Addres	s (P.O. Box Number is Not Acceptab	le)			
	ORT MYERS FL 33919					, vis. Bowlands to Helvideephal				
				83						
				84 City			FI 85	Zip Cod	e	
unice or re	to the provisions of Sections 607,0502 a egistered agent, or both in the State of m familiar with, and accept the obligation	Florida, Such change was a	ulborized	by the co	d corpora rporation	ation submits this statement for the pu s board of directors. I hereby accept		ging its regist nt as regist	stered ered	
SIGNATURE	Signature Typed or printed hance of registered agent a	nd tile fappicable (NOT	E Registere	i Agent signal	ve required	when recostating)	DAL			
12.	OFFICERS AND I	DIRECTORS				ADDITIONS/CHANGES TO OFFIC		FCTORS IN	112	
TITLE		DELETE	1 1 Ti	ITE.	[ <del>P</del>			Change	Add:tron	
NAME			1.2 N/	ME		ID BALLARD			į.	
STREET ADORESS			1351	REET ADDRES	"	IL TOWA LAKES DR	_ 1			
CITY-ST-ZIP				TY - \$! - 7:P	FT.	MYERS, FL 3390				
TITLE				LF.	V	2 (3)		Change	Addition 1	
NAME			2 2 N/	ime Reet adores:	TE K	B EDDY 11 HAKBAKAGE DA	1		.	
STREET ADDRESS CITY+ST-ZIP					8 5741 HAR-DAKINE IX.					
TITLE		DELETE	3 1 TI	TY-SI-ZIP	+1	MYERS, FL 3390		Change	Addition	
NAME			3 2 NA				LJ '	лапуе	Addition	
STREET ADDRESS				REET ADDRES:						
City-St-ZiP				TY-ST-ZIP	2					
TITLE		DELETE	411		<del></del>			hange	Addition	
NAME			4. 2 N	AME			<u> </u>	9* []		
STREET ADDRESS			4351	REET ADORES:	3					
CITY - ST - ZIP			4 4 CI	TY-ST-ZIP						
TITLE		DELETE	511				(	Change	Addition	
NAME			5 2 NA	ME						
STREET ADDRESS			5351	REET ADDRESS	5					
CITY-ST-ZIP			5 4 CI	IY-ST-ZIP						
TITLE		DELETE 61					[] (	nange	Addition	
NAME			6 2 NA	ME					ł	
STREET ADDRESS			6351	REET AODRESS	s					
CITY - ST - ZIP			6 4 Ct	Y - \$1 - ZIP						
14. I do hereb	by certify that the information supplied w	ith this filing is voluntarily fur	nished a	nd does no	ot qualify	for the exemption stated in Section 1	19.07(3)(k), Flo	rida Statute	95 T	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes 1 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 oally, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

[GNATURE: 

| SIGNATURE AND TYPEO OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR
| Dispositive Filters F