

SECOND 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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P96000048007** ✓

1. Corporation Name

FLORIDA MOBILE MARINE, INC.

Principal Place of Business

**404 S. RIBERIA ST.
ST. AUGUSTINE FL 32084**

Mailing Address

**404 S RIBERIA ST
ST. AUGUSTINE FL 32084
US**

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90006 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1996

4. FEI Number

59-3387527

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

29

30

83 Comares Ave #10A

St. Augustine FL

32084

USA

9. Name and Address of Current Registered Agent

**SPIRES, JOHN E
83 COMARES AVE
APT 10A
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

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, 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 ☐ DELETE

**PD
SPIRES, JOHN E
2708 LOJA STREET
ST. AUGUSTINE FL 32095**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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.

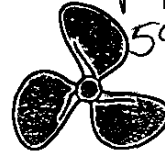
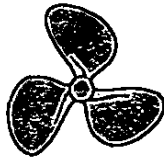
SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99 704-823-1222
Date Daytime Phone #

CR2E034 (5/99)

0001903



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595172-9006-28

- FLORIDA MOBILE MARINE, INC. -

LICENSED & INSURED

83 COMARES AVENUE, 10A • ST. AUGUSTINE, FL 32084

JOHN E. SPIRES

July 6, 1999

To Whom it May Concern,

I'm writing this letter per your request from our phone conversation July 6. After receiving our 2nd Notice of the Annual Report, I contacted our bank to find CK#1411, dated March 30 1999 written to Dept of State has still not cleared. After notification to your office, I've cancelled CK#1411 and am submitting a replacement check (#1536) along with the completed annual report. As per your request, stop payment was made on previous check. Thanks so much for your help.

Sincerely,

Tammy Spires

OFFICE: 904-823-1222 • MOBILE: 904-808-0290

FAX: 904-823-9500 • HOME: 904-823-0909