

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

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**Mar 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050219 (0)

1. Corporation Name
INGLE YACHT SERVICE, INC.



Principal Place of Business Mailing Address

68 PONDELLA ROAD FORT MYERS FL 33903 **68 PONDELLA ROAD FORT MYERS FL 33903-4432**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1187 INLET DR.	26	1187 INLET DR.	06/12/1996	
22. City & State		27. City & State		4. FEI Number	Applied For
N. Ft. Myers, FL		N. Ft. Myers, FL		65-0676577	Not Applicable
23	33903	24	LEE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	33903	28	LEE	<input type="checkbox"/>	\$5.00 May Be Added to Fees
29. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		81. Name LOUIE INGLE			
		82. Street Address (P.O. Box Number is Not Acceptable) 1187 INLET DRIVE			
		84. City N. Ft. Myers			
		85. Zip Code 33903			

11. Pursuant to the provisions of Sections 607.0102 and 607.008, 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: *Louie R. Ingle* DATE: **2/27/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGLE, LOUIE	1.2 NAME	
STREET ADDRESS	4319 SOUTH ATLANTIC CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, 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 in an attachment with an address.

SIGNATURE: *Louie R. Ingle* **1-15-97 (941) 995-7422**

CR2E034 (9/96)