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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600063712 (9)

IMPACT MARINE, INC.

## **FILED** Mar 31 1997 8:00am Secretary of State



Poncipal P	lace of Business	Mailing Addr	ling Address					
420 WEST BRANDON	BRANDON BOULEVARD #204 FL 33511	420 West Bi Brandon Fi	randon Bou . 33511-5002	ILEVARD #2	04			
						3. Date Incorporated or Qualified 07/30/1996	3a. Date of La	st Report
2. Principa	al Place of Business	2a. Mailing A	ddress			4. FEI Number		Applied For
21		26				59-3391517		Not Applicable
Suite, A	vpt #, etc	Suite, Ap	t #, etc.			5. Certificate of Status Desired	1 1 4	5 Additional Required
City & S 23	Grate	City & Sta 28	ale			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Zip		Country	/	8. This corporation has liability for		er s. 199.032,
24	25	29		30			Yes No	
	9. Name and Address of Curr	rent Registered Age	nt			10. Name and Address of New Re	gistered Agent	
į P	runnells, kent b			81	Name			
420 WEST BRANDON BOULEVARD #204 BRANDON FL 33511				82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
_				83				
İ				84	City		85	Zip Code
					"-			
11. Pursua	ant to the provisions of Sections 607.0	502 and 607.1508, F	Iorida Statute	es, the abov	e-named co	rporation submits this statement for the p	ourpose of changir	g its registered
agent	I am famuar with, and accept the ob-	ligations of, Section (	307.0505, Flo	rida Statute	y ine corpor. S.	ation's board of directors. I hereby accep	or rue appointment	as registered
SIGNATUR		- '						
SICINATOR	Silphat ire, syceod or printed harde of registered	agent and tile if applicable.	(NOTE	Registered Ag	ent signature req	ured when reinstating)	DATE	
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
TITLE	$ \mathcal{D} $		] DELETE	1.1 TITLE			Chan	ge 🔲 Addition
NAME	KANDI BILIP			1.2 NAME				
STREET ADDRE	S 7627 COURTHBY CH	AMPBELLCSU	Y	1.3 STREE	T ADDRESS			
CITY - ST - ZIP	TAMEA, FLORID	A 33607		1.4 CITY-1	ST-ZIP			
TITLE			DELETE	2.1 TITLE			Char	ge Addition
NAME				2.2 NAME	1			
STREET ADDRE	ge				ADDRESS			
017Y+S1+Z-P				2 4 CiTY-				
TILE		T T	DELETE	31 TITLE	., ell		☐ Char	ge Addition
NAME		_		3.2 NAME	ļ		3	
STREET ADORE	CE .				T ADDRESS			
CITY-ST-ZIF				3.4. CITY				
TITLE			DELETE	4.1 TITLE	31-4IF		Chan	ge Addition
NAME		_		4. 2 NAME			J. 316.	- <u> </u>
	ne.				į.			
STREET ADURE	(30)				T ADDRESS			
CHY-ST-ZIP		т	DELETE	4.4 CITY-: 5.1 TITLE	SI - ZIP		Chan	ge Addition
TITLE		L.	, DELLIE				U Cilai	g
NAME				5.2 NAME				
STREET ADDRE	SS			1	T ADDRESS			
C-TY - ST - ZIP			1 650 555	5.4 CiTY	ST-ZIP		— — — — — — — — — — — — — — — — — — —	
TITLE		Ļ	DELETE	6.1 TITLE			Chan	ge 🔲 Addition
NAME				6.2 NAME				
STREET ADDRE	SS			6 3 STREE	T ADORESS			
CITY - ST - ZIP				64 CITY-	ST-ZIP			

I do hereby certly 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: