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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortha

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000075142 (5)

DARREL'S MOBILE MARINE, INC.

Principal Place of Business	Mailing Address			
1628 STANFORD LANE SARASOTA FL 34231	1628 STANFORD LANE SARASOTA FL 34231-3032			

## **FILED** Jun 19 1997 8:00am Secretary of State

Principal Place of Business 1626 STANFORD LANE SARASOTA FL 34231		Mailing Address 1628 STANFORD LANE SARASOTA FL 34231-30	· ·				
					3. Date incorporated or Qualified 09/09/1996	3a. Date of Last Report	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 65-0694723	Applied For Not Applicable	
Suite, Apt.	·	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30			Yes No	
	9. Name and Address of Curr	ent Registered Agent		1	10. Name and Address of New Re	gistered Agent	
	7s, william D		81	Name			
	B STANFORD LANE IASOTA FL 34231		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
			83				
6. T.			84	City		FL 85 Zip Code	
11. Pursuant office or r agent. I s	to the provisions of Sections 607.09 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607, 1508, Florida Statle of Florida. Such change was gations of, Section 607,0505.	utes, the above s authorized by Florida Statute	e-named cor the corpora s.	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered	
SIGNATURE							
9	Signature, typed or printed name of registered a		O1F: Registered Age	ent signature requ	ired when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	☐ DELETE	1.1 TITLE			: Change Addition	
NAME	WILLIAM D. DAVI	S	1.2 NAME				
STREET ADDRESS	1628 STANFORD L	ANE	1.3 STREET	ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 3	4231	1.4 CITY - S	T - 71P			
TITLE	VP .	☐ DELETE	2.1 TITLE			Change Addition	
NAME	MARIE DAVIS		2.2 NAME				
STREET ADDRESS	1628 STANFORD L	ANE	2.3 STREET	ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 3	4231	2. 4 CiTY-	SÍ-ZIP			
TITLE	·	L DELET <b>e</b>	3 1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3 4. CITY-	ST-ZIP			
TITLE		□ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	5.1 THTLE			Change Addition	
NAME			5.2 NAME			YZ .	
STREET ADDRESS			5.3 STREET	ADDRESS		16.19	
CITY-ST-ZIP			5.4 CITY - S	1-2IP		10' '	
TITLE		☐ DELETE	6.1 TITLE		لقيار المحافر للمحاف للقصل للمنطق للقصل المنطق المنطق المنطق	Change Addition	
NAME			6.2 NAME		3000022 <b>1</b> -06/20/970102		
STREET ADDRESS			6.3 STREET	ADDRESS	-06/20/970102	(forUdf	
CITY-ST-ZIP			6.4 CITY - S	T-7/P	***165 <u>.</u> .00	i	

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 roceiver 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.