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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90041 039 \*\*\*150.00

09-40885

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P96000098644**

1. Corporation Name  
**MARINA MANAGEMENT CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **804 S. PALAFOX PENSACOLA FL 32501 US**  
 Mailing Address: **P.O. BOX 12063 PENSACOLA FL 32590-2063 US**

3. Date Incorporated or Qualified: **12/04/1996**  
 4. FEI Number: **59-3416408** Applied For:  No:  Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing:  **\$5.00** May Be Added to Fees  
 7. Trust Fund Contribution:   
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**  
 2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOZIER, DANIEL R**  
**125 W. ROMANA STREET**  
**SUITE 224**  
**PENSACOLA FL 32501**

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 607.05(2) and 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RUSSENBERGER, RAY</b>                    | 1.2 NAME  |   |
| STREET ADDRESS             | <b>804 S. PALAFOX</b>                       | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PENSACOLA FL</b>                         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VPST</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MATTHEWS, JOHNNY</b>                     | 2.2 NAME  |   |
| STREET ADDRESS             | <b>804 S. PALAFOX</b>                       | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PENSACOLA FL</b>                         | 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 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 if at my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: Johnny Matthews **Johnny Matthews** 4/22/99 (850) 432-0642  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Date/Phone #

CR2E034 (11/98)