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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

**SIGNATURE**:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 25 1998 8:00am

Secretary of State

D- 19-98 941-394 9367

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098888 (6)

STEWARD'S CAPRI MARINE, INC.

292 CAPRI BLVD 292 CAPRI BLVD NAPLES FL 34113 NAPLES FL 34113 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3416343 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAUSLER, GARY J ESQ. **601 ELKCAM CIRCLE** B2 Street Address (P.O. Box Number is Not Acceptable) SUITE B-3 83 MARCO ISLAND FL 34145 84 City 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, 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 Signature, typed or printed name of togestered agest and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 11 TITLE NAME BAKLEY, STEWART G 1.2 NAME 292 CAPRI BLVD STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34113 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHTY-ST-ZIP DELETE Change Addition TIFLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DEFELE Change Addition 5.1 TIFLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

63 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for on an attachment with an address