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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000103447 (4)

GULF ISLAND LOCK & SAFE, INC.

14. I do hereby certify that the information supplinformation indicated on this annual report of

405, 10.											
Principal Place of Business		Mailing Address				1	I INDIFERENCIA	IE OURIF ORAȘ ORIUI O	OUR HIN DAN	A FILLY BASIN BUDIL	
ONE FRONT STREET MARCO ISLAND FL 34145		ONE FRONT STREET MARCO ISLAND FL 34145-	3615				1				
						i	Date Incorpor 12/20/1996	ated or Qualifie	d <b>3a.</b> D	Date of Last R	teport
2. Princ pal Pl	ace of Business	2a. Mailing Address				4.	FEI Number			X Ar	oplied For
21		26				1			<del></del>	ot Applicable	
Suite, Apt. 4		Suite, Apt. #, etc.			5.	Certificate of	Status Desired		Fee Re	Additional equired	
City & State	9	City & State			6.		paign Financing	, [		Мау Ве	
<b>Z</b> ip	Country	<b>28</b>	Co	untry			Trust Fund Co	on has liability f	lor intensits		to Fees
24	25	29	30	, Contact		"	Florida Statute	•	-	No No	. 199.002,
	9. Name and Address of Curre					10. Name and Address of New Registered Agent					
CHE	FFY, LOUIS W			81	Name	201	v 1/1	MY AI	HEV	7	
	5TH AVENUE SOUTH			82	Street Addr	988 (	P.O. Box Numb	er is Not Accep	otable)	! 	
SUITI	E 201				ON	E	FR	TVO	SIR	EEI	
NAPL	LES FL 34102			83	•		-		-		
				84	MARC	Ŋ	IS	ANN	Fl	L 85 36	8995 <u> </u>
11. Pursuant t	to the provisions of Sections 607.050	02 and 607 1508, Florida Statut	tes, the a	above-	named corp	oratio	on submits this	statement for th	e purpose o	of changing i	ts registered
office of re agent. Far	to the provisions of Sections 607.05( egistered agent, or both, in the State m familiar with, and accept the obje	e of Florida. Such change was gations of, Section 607/0605, Fl	autnorizi Iorida Sta	eo py i atutes.	ine corporat	ion s	board of direct	ors. I nereby ac	cept the ap	pointment as	registered
SIGNATUNE	Markel Melande	" Pers								212	0/9 1
	Significate typical or printed name of registered ag				l signature requir				DATE		7-7-
12.	OFFICERS AN	ND DIRECTORS DELETE	13.				ADDITIONS/CH	HANGES TO OF	FICERS AN	D DIRECTOR  Change	RS IN 12 Addition
TITLE	MCCAULEY, MARK			1.1 TITLE 1.2 NAME						La change	L) Madellati
NAME STREET ADDRESS	1506-4 MAINSAIL DRIVE			1.3 STREET ADDRESS							
CITY-ST-ZIP	NAPLES FL 34114			CITY-ST	j						
THE	0	DELETE		TITLE	· 217			<u></u>		Change	Addition
NAME	MCCAULEY, NANCY			NAME	İ						
STREET ADDRESS	1506-4 MAINSAIL DRIVE	1			2.3 STREET ADDRESS						
CITY-ST-ZIP	NAPLES FL 34114	2		2. 4 CITY-ST-21P							
TITLE		☐ DELETE		TITLE						Change	Addition
NAME			3.21	NAME							
STREET ADDRESS			3.3	STREET A	DORESS						
CITY-ST-ZIP			3.4.	CITY-ST	~ 2IP						
TITLE		☐ DELETE	4.1	TITLE						Change	Addition
NAME			4.2	NAME							÷
STREET ADORESS			4.3	STREET A	DORESS						
CITY - ST - ZIP			44	CITY-ST	- ZIP						
TITLE		☐ DELETE	51	TITLE			<del></del> _			Change	Addition
NAME			52	NAME							
STREET ADDRESS			5.3	STREET A	IDDRESS						
CHTY-ST-ZIP			5.4	CITY-ST	-ZIP			· · · · · · · · · · · · · · · · · · ·	·		
TITLE		☐ DELETE	6.1	TITLE						Change	Addition
NAME				NAMÉ							
STREET AUDRESS			E 3	STREET A	indress I						

up Nied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that attorn or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ged, or on an interest with an address. Lam an officer or direct appears in Block 12 of

6.4 CITY - ST - ZIP

**FILED** Feb 28 1997 8:00am Secretary of State