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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000013153 (6)

**GULFSTREAM MARINE DIESEL, INC.** 

## FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
1426 SW BARGELLO AVE 1426 SW BARGELLO A			νE	E				
PORT ST LUCIE FL 34953		PORT ST LUCIE FL 34953						
						DO NOT WRITE IN TH	IS SPACE	<del></del> -
						3. Date Incorporated or Qualified 02/10/1997		
9 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		pplied For
_	ace of Business	26				65-0728013	<del></del>	ot Applicable
Suite, Apt.	# elc	Suite, Apt. #, etc.	<del> </del>			1		Additional
22	#, <b>G</b> (0.	27	conto, ript. II, oto.			5. Certificate of Status Desired	<b>*</b>	equired
City & State	3	City & State				6. Election Campaign Financing	\$5.00	May Be
	•	28	my & State			Trust Fund Contribution		to Fees
Zip	Country	Z(p)	Country			8. This corporation owes or has paid the		
24	25	29	30			Personal Property Tax due June 30.		ilanginoid Il No I
24	9. Name and Address of Curren		130			10. Name and Address of New Register		
PΛ	STWICK, CHARLES C			81 N	ame			
1426 SW BARGELLO AVE				<b>82</b> St	Street Address (P.O. Box Number is Not Acceptable)			]
PU	RT ST LUCIE FL 34953			83				
				83				1
				84 C	ity		- 85 Zip	Code
				<u> </u>				
office or r	<b>colstered agent, or both, in the State</b>	of Florida, Such change was	s authorize:	d by the	med corpo corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the	a <b>o</b> t changing i appointment as	its registered s registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, I	Florida Stat	utes.				
SIGNATURE						od when reinstating) DAT		
	Signature: typed or printed name of negligible adings			d Agent se	mature require	ADDITIONS/CHANGES TO OFFICERS A		DC IN 12
12,	OFFICERS AN	DELETE	13.	TI E	<del></del>	ADDITIONS/CHANGES TO OFFICEINS A	Change	Addition
TITLE	BOSTWICK, CHARLES C	() OLICIL						
NAME	1426 SW BARGELLO AVE		1.2 N					
STREET ADDRESS	PORT ST LUCIE FL 34953			reet addi	i			
CITY-ST-ZIP		D por exc		1Y - ST - ZII	·		Change	Addition
TITLE	STD BOOTHICK CAVE I	☐ DELETE	2.1 TI				L. Liminge	☐ KOUIUUII
NAME	BOSTWICK, GAYE L		2.2 N/	AME				
STREET ADDRESS	1426 SW BARGELLO AVE		2.3 \$1	free1 add	RESS			
CITY-ST-ZIP	PORT ST LUCIE FL 34953		2.40	ITY-ST-ZI	Р			
TITLE		☐ DELETE	DELETE 3.1				☐ Change	L Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 ST	TREET ADD	ress			
CITY-ST-ZIP			3 4. C	ITY-ST-20	Р			
TITLE		☐ DELETE	4 1 TI	TLF			☐ Change	Addition
NAME			4 2 N	IAME				ļ
STREET ADDRESS			4 3 S	TREET ADD	RESS			
CITY-ST-2IP			4.4 0	TY-ST-ZI	>			
TITLE		DELETE	5.1 T)				☐ Change	☐ Addition
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CITY-ST-ZIP				ITY-ST-ZII	1			ļ
TITLE		DELETE	6.1 TI				☐ Change	Addition
NAME		_	6.2 N		-			
				TREFT ADD	AFSS			
STREET ADDRESS					- 1			
CITY-ST-ZIP	perlify that the information supplied w	oth this filing does not qualify	ti.4 Cl or the exi	ITY-ST-ZII emption	stated in 9	Section 119.07(3)(i), Florida Statutes, I further	r certify that th	e information
Ter I Holony (	orang triat the amortination aupplied w	al annual report to true and a	coursio en	d that o	v cianatur	e shall have the same legal effect as if made	under nath: th	hat Lam an

officer or director of the corporation or the receiver a that my name appears in Block 12 or Block 13 if charged or on an additional with an address.