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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000026864

1. Corporation Name

DAYTONA SURPLUS MARINE, INC.

| FILED |
|--------------------------------|
| Apr 25, 1999 8:00 am |
| Secretary of State |
| 04 25 1000 00042 000 ***150 00 |

| Principal Place of Business Mailing Address | | | 1 18611621 (18 1611 1881 0011 0011 0011 0011 0011 00 | | | | 7 01111 B101 1001 | | |
|---|---|----------------------|--|-------------------------------------|---|----------------------------|-------------------|---------------|--|
| 825 BALLOUGH | | 825 BALLOUGH ROAD | | | | | | | |
| DAYTONA BCH | | DAYTONA BCH FL 32114 | | | | | | | |
| US | | US | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed 03/20/1997 | | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | · · A | pplied For | |
| 21 | | 26 | 1 | | 65-0761888 | | | ot Applicable | |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | \$8.75 Additi | | | Additional | |
| 22 | ., | 27 | | | 5. Certifcate of Status Desired | | Fee R | lequired | |
| City & State | e | City & State | | 6. Election Campaign Financing | | \$5.00 | May Be | | |
| 23 | | | | | Trust Fund Contribution | | Added | to Fees | |
| | | | Country | | 8. This corporation owes the curre | ent year Inta | | _ | |
| 24 25 29 30 | | | | | Personal Property Tax. | | Yes | □No | |
| 1 | 9. Name and Address of Current | t Registered Agent | | <u> </u> | 10. Name and Address of New R | egistered A | (gent | | |
| | | | 81 | Name | | | | l | |
| DRIS | | 82 | Street Addre | ess (P.O. Box Number is Not Accepta | ble) | | | | |
| | LUE HERON DR | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| EDG | EWATER FL 32141 | | 83 | - | | | | | |
| j | official May will be a common of the common | | 84 | City | | FL | 85 Zip | Code | |
| | | | | | and a submite this statement for the | | changing if | e registered | |
| 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 | · | More B | | it signature required | | DATE | | | |
| | Signature, typed or printed name of registered agent | | 13. | it signature required | ADDITIONS/CHANGES TO OF | | D DIRECT | ORS IN 12 | |
| 12. | | | 1.1 TITLE - | | ADDITIONS/CHANGES TO OT | IOLITO AIT | Change | | |
| TITLE | טן | | 1.2 NAME | | | - | | _ | |
| NAME | DRISCOLL, EDWARD T | | | , ADDRESS | | | | 1 | |
| STREET ADORESS | 26 BLUE HERON DR | | | ADDRESS | | | | | |
| CITY-ST-ZIP | EDGEWATER FL 32141 | | 1.4 CITY-S | I-ZIP | | | Change | Addition | |
| TITLE | D | - | 2.1 TITLE | | | | ¢ago | | |
| NAME | DRISCOLL, CINDY L L | | 2.2 NAMÉ | | | * | | | |
| STREET ADDRESS | | 1 : | 2.3 STREET | FADDRESS | | | | } | |
| CITY-ST-ZIP | EDGEWATER FL 32141 | | 2. 4 CITY-9 | ST-ZIP | | | | | |
| THILE + ; | B. Gora Boar | ☐ DELETE | 3.1 TITLE | ļ | | | Change | Addition (| |
| NAME | • | | 3.2 NAME | | - | | | ļ | |
| STREET ADDRESS | | [: | 3.3 STREET | FADDRESS | | | | ľ | |
| CITY-ST-ZI₽ | | : | 3.4. CITY-S | IT-ZIP | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | | | 4. 2 NAME | | | | | - | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | | ĺ | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | ☐ Change | ■ Addition | |
| NAME | | | 5.2 NAME | | · | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | | j, | 5.4 CITY-S | T-ZIP | | | | | |
| TITLE - | - | - □ DELETE - | 6.1 TITLE | | | | Change | Addition | |
| NAME | | 1 | 6.2 NAME | | | | | | |
| STREET ADDRESS | | J. | 6.3 STREE | T ADDRESS | | | |) | |
| CITY-ST-ZIP | | | 6.4 CITY-S | T-ZIP | | | | } | |
| UN 11-01-21 | | | | 1 | | | | | |

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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CRZE034 (11/98)