

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90283 047 ***150.00

DOCUMENT # **P97000062333**

1. Corporation Name

MARINER'S COVE DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

**400 Frandorson Circle
Suite 204
Apollo Beach, Florida 33572**

same as place of business

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/97

4. FEI Number

65-0811895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Holdsworth, John W.
1111 N. Westshore Boulevard, Suite 207
Tampa, Florida 33607**

81. Name

Michael L. Peterson, Esq.

82. Street Address (P.O. Box Number is Not Acceptable)

Michael L. Peterson, P.A.

83.

218 Apollo Beach Boulevard

84. City

Apollo Beach

FL

85. Zip Code
33572

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

Michael L. Peterson

(NOTE: Registered Agent signature required when reinstating)

DATE
4-27-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **Holdsworth, John W.**

STREET ADDRESS **930 Allegro Lane**

CITY-ST-ZIP **Apollo Beach, FL 33572**

1.1 TITLE

Director/President ☒ Change ☐ Addition

1.2 NAME

Holdsworth, John W.

1.3 STREET ADDRESS

same as 12.

1.4 CITY-ST-ZIP

2.1 TITLE

Director/Treasurer ☒ Change ☐ Addition

2.2 NAME

Holdsworth, Leslie

2.3 STREET ADDRESS

same as 12

2.4 CITY-ST-ZIP

3.1 TITLE

Director/Vice President ☐ Change ☒ Addition

3.2 NAME

Michael L. Peterson

3.3 STREET ADDRESS

662 Yardarm

3.4 CITY-ST-ZIP

Apollo Beach, FL 33572

4.1 TITLE

Secretary ☐ Change ☒ Addition

4.2 NAME

Deborah P. Chambers

4.3 STREET ADDRESS

4108 W. Wisconsin Avenue

4.4 CITY-ST-ZIP

Tampa, FL 33617 ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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:

John W. Holdsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
Date

8136491133
Daytime Phone #

CR2E034 (1/98)