## 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 # P9700063037 1. Corporation Name

BANANA BAY OF MARATHON, INC.

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90045 013 \*\*\*150.00



Principal Place of Business Mailing Address							
2975 OVERSEAS HIGHWAY P.O. BOX 500938 MARATHON FL 33050 MARATHON FL 33050					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed	<del></del>	· · · · · · · · · · · · · · · · · · ·
					07/21/1997		
2. Principal P	face of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
<u>'</u>		26			65-0800751 Not Applic		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	5 Additional
22		27			G. Certificate of States 2001100	Fee	Required
City & Sta	te	City & State			-6Election Campaign Financing		0 May Be
23	·	28			Trust Fund Contribution		ed to Fees
Zip —	Country	Zip	$\overline{}$	intry	8. This corporation owes the current ye		□No
24	25	29	30	,	Personal Property Tax.  10. Name and Address of New Register	☐ Yes	
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Registr	sied Ageist	
MAN	ISON, THOMAS K			Join Marine			
	OVERSEAS HWY			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
-	RATHON FL 33050			83		<del></del> -	
110 11	# (11101( 1 L 0000			"			
				84 City		FL 85 Z	ip Code
44 - 10	the desired of Sections 607.05	02 and 607 1509. Florida State	utae the a	hove named co	rporation submits this statement for the purpo		its registered
office or I	registered agent, or both, in the Stat	e of Florida. Such change was	authorized	by the corpora	tion's board of directors. I hereby accept the	appointment as	registered
agent. I a	am familiar with, and accept the oblig	pations of, Section 607.0505, Fl	lorida Stat	utes.	•		}
SIGNATURE	Signature, typed or printed name of registered ag	and and side if applicable (NO)	C. Pacietara	Agent signature requ	ired when reinstating) DA	TF.	<del></del>
12.		ND DIRECTORS	13.	Agent signature requ	ADDITIONS/CHANGES TO OFFICER		TORS IN 12
TITLE	PT	OELETE	1.1 Tr	πE		Chan	
NAME	MANSON, THOMAS K	·	1.2 N				1
STREET ADDRESS	4500 01/500540 1840/			TREET ADDRESS			
CITY-ST-ZIP	MARATHON FL 33050			TY-ST-ZIP			)
TITLE	VPS	☐ DELETE	2.1 13			☐ Chan	ge 🔲 Addition
NAME	HATHAWAY, J ERIC		2.2 N	AME			
STREET ADDRESS				TREET ADDRESS			
	KEY WEST FL 33040			ITY-ST-ZIP			ſ
CITY-ST-ZIP TITLE	INC. I TEUT I E COUTO	☐ DELETE	3.1 TI			☐ Chan	ge
NAME			3.2 N	AME			
STREET ADDRESS	1		- 1	TREET ADDRESS			{
CITY-ST-ZIP				ITY-ST-ZIP		•	
TITLE		☐ DELETE	4.1 TI			☐ Char	ge Addition
NAME			4. 2 N	IAME			ļ
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP			-	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TI			Char	ge 🔲 Addition
NAME			5.2 N	AME			J
STREET ADDRESS			5.3 S	TREET ADDRESS			
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP			
TITLE		☐ DELETE	6.1 π	TLE T		[] Chan	ge Addition
NAME			6.2 N	AME.			
			6.3 \$	TREET ADDRESS			}
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 aprilal 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: \_\_