## 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

30

81 Name

## DOCUMENT # P97000095728

1. Corporation Name

MALLAND MARINE, INC.		
Principal Place of Business	Mailing Address	# 10011501 510 10111 10011 00115 00111 00115 00111 00115
1501 MALLARD LANE SARASOTA FL 34239	1501 MALLARD LANE SARASOTA FL 34239	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualifed 11/07/1997
Principal Place of Business     1	2a. Mailing Address	4, FEI Number 65-0800683
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired
City & State	City & State	6. Election Campaign Financing \$5 Trust Fund Contribution Ac
Zip Country	Zip Country	8. This corporation owes the current year Intangible

9. Name and Address of Current Registered Agent

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90109 040 \*\*\*150.00



Applied For

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable \$8.75 Additional

Personal Property Tax.

10. Name and Address of New Registered Agent

Signature, hyped or priminal name of registered agent and tiled 4 spicilitable. (NOTE: Registered Agents agents are required when reinstabling) OATE  OFFICERS AND DIRECTORS IN 12  TITLE  P WAKEMAN, DONALD  1501 MALLARD LANE  STREET ADDRESS  1501 MALLARD LANE  SARASOTA FL 34239  DELETE  21 TITLE  22 NAME  23 STREET ADDRESS  CITY- ST- ZPP  TITLE  DELETE  31 TITLE  32 NAME  STREET ADDRESS  CITY- ST- ZPP  TITLE  AMME  ALT TITLE	1501	EMAN, DONALD D MALLARD LANE ASOTA FL 34239		82 83	Street A	Address (P.O. Box Number is Not Acceptable)		
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 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, and accept the obligations of, Section 607.0508, Florida Statutes.  SIGNATURE    Signature				84	City		FL 85 Zip C	Code
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  TITLE P	office or re	edistered agent, or both, in the State of Florida, Such :	change was auth	onzed by 1	-named on the corporate	corporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its	registered gistered
12. OFFICERS AND DIRECTORS  TITLE  P	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent	signature re			
MAKE MAN, DONALD  12 NAME  STREET ADDRESS  SARASOTA FL 34239  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  21 TITLE  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  DELETE  31 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  DELETE  41 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  51 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  52 NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  53 STREET ADDRESS  CITY-ST-ZIP  DELETE  54 CITY-ST-ZIP				13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	
13 STREET ADDRESS   13 STREET ADDRESS   14 CITY-ST-ZIP	TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition
1.4 CITY-ST-ZIP   SARASOTA FL 34239	NAME	WAKEMAN, DONALD		1.2 NAME		•		
DELETE	STREET ADDRESS	1501 MALLARD LANE		1.3 STREET	ADDRESS			
DELETE	CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY-ST	-ZIP			
23 STREET ADDRESS   2.4 CITY-ST-ZIP			DELETE	2.1 TITLE			☐ Change	☐ Addition
2 4 CITY-ST-ZIP	NAME			22 NAME				9
DELETE     DELETE       Change   Add	STREET ADDRESS			2.3 STREET	ADDRESS			
DELETE	CITY-ST-ZIP		_	2.4 CITY-S	r-ZIP		<u> </u>	
STREET ADDRESS			☐ DELETE	3.1 TITLE			☐ Change	Addition
STREET ADDRESS   STRE	NAME			3.2 NAME				
DELETE	STREET ADDRESS			3.3 STREET	ADDRESS			
NAME	CITY-ST-ZIP			3.4. CITY-ST	r-ZIP			
### ### ##############################	TITLE		DELETE	4.1 TITLE			☐ Change	Addition
A4 CITY-ST-ZIP	NAME			4. 2 NAME				
DELETE	STREET ADDRESS			4.3 STREET	ADDRESS			
STREET ADDRESS	CITY-ST-ZIP			4.4 CITY-ST	-ZIP			
STREET ADDRESS	TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
CITY-ST-ZIP CAMPAGE CA	NAME			5.2 NAME			•	
Change   Ad	STREET ADDRESS			5.3 STREET	ADDRESS			
TITLE Change ☐ Ad	CITY-ST-ZIP	_		5.4 CITY-ST	-ZIP			
	TITLE		☐ DELETE	6.1 TITLE		* *	Change	☐ Addition
NAME 6.2 NAME	NAME			6.2 NAME				
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP  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	CITY-ST-ZIP							

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: