Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90012 018 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000025394

1. Corporation Name

GRASSY	KEY AQUATIC CENTER, IN	C.				
Principal Place	of Business	Mailing Address	5	<del></del>		TODITOR HER LEGEN INTO ESTAT OPEN SOME HOUSE HOUSE HIGH DISTRIBUTION OF THE CORP. LOCAL
59300 OVERSEAS HIGHWAY MARATHON FL 33050  59300 OVERSEAS HIGHWAY MARATHON FL 33050						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
						03/18/1998
<del></del>	Principal Place of Business 2a. Mailing Address 26					4. FEI Number Applied For Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State	City & State City					6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip 24	Country	Zip Country 30				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current			<u> </u>		10. Name and Address of New Registered Agent
ELDRIDGE, LOYAL A 7548 GULFSTREAM BLVD. MARATHON FL 33050				81 82 83		Address (P.O. Box Number is Not Acceptable)
	•			84	City	FL 85 Zip Code
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					· · · · ·	required when reinstation) DATE
	Signature, typed or printed name of registered agent		(NOTE: Re		it signature r	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND		DELETE	13.		
TITLE	D	ш	DELETE			P/S/T/D . Change DAddition
NAME		ELDRIDGE, LOYAL A		1.2 NAME		
STREET ADDRESS	1			ADDRESS	<u>'</u>	
CITY-ST-ZIP	MARATHON FL 33050			1.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	,	U	DELETE	2.1 TITLE		Containing Throughout
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET		1
CITY-ST-ZIP	DELETE 1 -		2.4 CTTY-ST-ZIP		Change ☐ Addition	
TILE -			DELETE -	3.1 TITLE 3.2 NAME		
NAME				3.3 STREET	ADDDECC	
STREET ADDRESS						<u>'</u>
CITY-ST-ZIP			DELETE	3.4. CITY-S 4.1 TITLE	91-ZIP	☐ Change ☐ Addition
NAME			<b>-</b>	4.2 NAME		
				4.3 STREET	T ADDRESS	
STREET ADORESS	•			4.4 CITY-S		
CITY-ST-ZIP			DELETE	5.1 TITLE		Change Addition

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition