PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Kathorine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000029019

1. Corporation Name

STREET ADDRESS

COLLINS MARINE SALES, INC.							
inclpal Place of Business Mailing Address							
1833 SANTANDER ST 1833 SANTANDER ST ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084							
					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed	10 01 100	
					03/27/1998		1
	La Maillea Addesse				4. FEI Number	T Ac	plied For
2. Principal Place of Business					59-3502813	<u> </u>	nt Applicable
21	26					\$8.75	
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re	
22	City & State				a Floring Compaign Figureing		May Be
City & State	City & State		ته دونت		6. Election Campaign Financing Trust Fund Contribution		to Fees
7in Country	28	Col	intry				
	<b>⊢</b> _ ′	30	Country		Personal Property Tax.	☐ Yes	No
g. Name and Address of Ci	29	[30]	7		10. Name and Address of New Registers	d Apent	,
g, Name and Address of Ct	ment Kadisteraa Mark		81	Name			
COLLINS, THOMAS J JR			Ц.		2 11 2 2 11 12		
1833 SANTANDER ST			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		ľ
ST AUGUSTINE FL 32084			83				
01 7000011112 12 02007							
			84	City	F	85 Zip	Code
10 - d	OFOO POT 1EOP Florida Statu	on the		named com/	oration submits this statement for the ourpose	of changing its	registered
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Segent. I am familiar with, and accept the o	State of Florida. Such change was a	uthorize	d by th	he corporatio	on's board of directors. I hereby accept the ap-	ontment as re	gistered
i	prigations of, occurrence of the	AIGA OLA	wies.				
SIGNATURE Signature, typed or printed name of registers	ed against and title if applicable. [NOT				d when reinstating) DATE		l .
SIGNATURE Signature, typed or printed name of registers	ed agent and title if applicable. [NOT S AND DIRECTORS	Registere	1 Agent I	signature required	d when reinstading) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	l .
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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 suppliemental 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:	THOMAS BICACLISTON BOLLING OFFICER OR DIRECTOR	3/19/99	(904)461-3108	
MONAL ONE.	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	(Jaxe	Daytime Phone #	

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

**FILED** Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90143 005 \*\*\*150.00