FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000037859

H & S CUSTOM MARINE, INC.

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90047 030 ***158.75



Principal Place of Business Mailing Address							
P.O. BOX 430956 BIG PINE KEY FL 33043 PINE KEY FL 33043							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					04/27/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21 102 INDUSTRIAL RD. 26					65-0847582	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					 	\$8.75 A	dditional
22	27				5. Certificate of Status Desired	Fee Rec	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 BIL 7 WE KEY FL 33043 28					Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Ir	ıtangible	7
24 33	⇔/ 3 25	29 30	0		Personal Property Tax.	☐ Yes ☐	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
TUPPER, STEPHEN W 1464 HEVELKA LANE #F				Street Ad	dress (P.O. Box Number is Not Acceptable)		
				04007.12			
BIG	PINE KEY FL 33043		83				j
			84	City		85 Zip C	abo
			54	City	FI	_ 63 250	
agent. I a	m familiar with, and accept the obligati		_		ired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D/P/M	☐ DELETE	1.1 TITLE		IP/M	Change	Addition
NAME	Tupper, Stephen W		1.2 NAME	7	UPER, STEPHENW		1
STREET ADDRESS	1464 HEVELKA LANE #F		1.3 STREET		or industrial Rd		}
CITY-ST-ZIP	BIG PINE KEY FL 33043		1.4 CITY-S	-ZIP	BIG PING KEY FL 3304		
TITLE	1	☐ DELETE	2.1 TITLE		P	Change	Addition
NAME			2.2 NAME		ARBONELL, PAUL		
STREET ADDRESS			2.3 STREET	ADDRESS	31371 AVE F		}
CITY-ST-ZIP			2.4 CITY-S	T-ZIP 🚜	LPWE KEY, FL 33043		
TITLE		☐ DELETE	3.1 TITLE	[7	_	Change	Addition
NAME			3.2 NAME	6	AIDE, KEVIN		. }
STREET ADDRESS			3.3 STREET	ADDRESS 5	AIDE, KEUN 758 V.W. 48 TECT		(
CITY-ST-ZIP	<u> </u>		3.4. CITY- S	T-ZIP	DRAL SPEGS FL 33067		
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME	Į			-
STREET ADDRESS		•	4.3 STREET	ADDRESS			Ì
CITY-ST-ZIP	l		4.4 CITY-5	r-ZIP		<u></u>	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	{		5.2 NAME	}			{
STREET ADDRESS			5.3 STREET				Į
CITY-ST-ZIP			5.4 CITY-S	r-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	ĺ			1
STREET ADDRESS			6.3 STREET	ADDRESS			ļ
CITY-ST-7IP			6.4 CITY-S	r-ZIP			ļ

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: