

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 # P98000044443

1. Corporation Name

DCY MARINE INOVATIONS, INC.

Principal Place of Business

500 S. FLORIDA AVE., STE. 200  
LAKE LAND FL 33801

Mailing Address

P.O. BOX 3545  
LAKE LAND FL 33802-3545

2. Principal Place of Business

21 340 Parker Street E.  
Suite, Apt. #, etc.

22 City & State  
Bartow, Florida

23 Zip Country  
33830 Polk

2a. Mailing Address

26 P. O. Box 425  
Suite, Apt. #, etc.

27 City & State  
Bartow, Florida

28 Zip Country  
33831 Polk

9. Name and Address of Current Registered Agent

PUTMAN, ABEL A  
500 S. FLORIDA AVE., STE. 200  
LAKE LAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1998

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME PUTMAN, ABEL A  
STREET ADDRESS 500 S. FLORIDA AVE., STE. 200  
CITY-ST-ZIP LAKE LAND FL 33801

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☐ Change ☒ Addition  
1.2 NAME Yost, Daniel C.  
1.3 STREET ADDRESS 1185 East Hermosa Avenue  
1.4 CITY-ST-ZIP Bartow, Florida 33830

2.1 TITLE D/VP ☐ Change ☒ Addition  
2.2 NAME Yost, Donald C.  
2.3 STREET ADDRESS 414 Orange Blossom Drive, S.E.  
2.4 CITY-ST-ZIP Winter Haven, Florida 33880

3.1 TITLE D/S/T ☐ Change ☒ Addition  
3.2 NAME Yost, John C.  
3.3 STREET ADDRESS 1515 Hibiscus Drive, South  
3.4 CITY-ST-ZIP Bartow, Florida 33830

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 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 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: Daniel C. Yost, Pres. *Daniel Yost* 4/27/1999 941/537-5611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90283 035 \*\*\*150.00



CR2E034 (11/98)