

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90005 028 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000047100

1. Corporation Name

~~SHIPSSTORE COMM, INC.~~
SHIPSSTORE, COM, INC.



Principal Place of Business
13060 GANDY BLVD.
ST. PETERSBURG FL 33702

Mailing Address
13060 GANDY BLVD.
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1998

2. Principal Place of Business

2a. Mailing Address

21 **13050 GANDY BLVD**

26 **13050 GANDY BLVD**

4. FEI Number

59-351799a

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

City & State

City & State

23 **ST PETERSBURG, FLA.**

28 **ST PETERSBURG, FLA.**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **33702**

25

29 **33702**

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROFT, CLAUDIA L
13060 GANDY BLVD.
ST. PETERSBURG FL 33702**

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 **CLAUDIA L. CROFT**
Signature, typed or printed name of registered agent and title if applicable.

Claudia Croft
(NOTE: Registered Agent signature required when reinstating)

7-14-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPS** ☐ DELETE
NAME **CROFT, CLAUDIA L**
STREET ADDRESS **13060 GANDY BLVD.**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DVPT** ☐ DELETE
NAME **CROFT, HAROLD L**
STREET ADDRESS **13060 GANDY BLVD.**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

Claudia Croft **7-14-99** **577-4518**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

0089810

S90972-90005-28
P98000047100

GAY AND GORDON ATTORNEYS, P.A.

699 - 1ST AVENUE NORTH

P.O. BOX 265

ST. PETERSBURG, FLORIDA 33731

WILLIAM W. GAY (1919 - 1993)
SEYMOUR A. GORDON
RENEE H. GORDON

TELEPHONE
(727) 896-8111
FAX (727) 822-2234

June 28, 1999

COPY

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: ShipsStore.com, Inc.
Document Number P98000047100

Gentlemen:

I am enclosing a copy of your cover letter of May 27, 1998, together with the Certificate of Incorporation and Articles of Incorporation for ShipsStore.com, Inc.

I note that your cover letter to me together with the Certificate of Incorporation misspells the name of this corporation. Please correct this spelling and issue a new Certificate of Incorporation in the name of ShipsStore.com, Inc. (with one "m") dated May 27, 1998, and forward it to me.

Thank you for your assistance.

Sincerely yours,

Seymour A. Gordon

SAG/sa
Enclosures

cc: Mr. and Mrs. Harold Croft