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

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

05-06-1999 90227 010 ***150.00

DOCUMENT # P98000075277

1. Corporation Name

GOLD LEAF MARINE, INC.

		<u></u>			~				1816 28811 1881 1881	
Principal Place of Business Mailing Address										
424 COMMERCIA			424 COMMERCIAL BOULEVARD							
NAPLES FL 3410	04	NAPLES F	NAPLES FL 34104				DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed			
							09/01/1998			
2 Principal PI	ace of Business	2a. Mailir	ng Address				4. FEI Number		Applied For	
21	acc or backwood	\vdash	26				59-3569290		Not Applicable	
Suite, Apt. :	#. etc.		Suite, Apt. #, etc.					\$8.7	5 Additional	
22	.,	27	27				5. Certificate of Status Desired	Fee	Required	
City & State	 3		City & State				6. Election Campaign Financing	\$5.0)0 May Be	
23		28	28				Trust Fund Contribution	Add	ed to Fees	
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible			
4 25 29			30				Personal Property Tax. Yes No			
	9. Name and Address of C	urrent Registered					10. Name and Address of New Registered Agent			
015	THE TOTAL OF C				81	Name				
	'INS, RONALD C		<u> </u>			Street A	Street Address (P.O. Box Number is Not Acceptable)			
	SOLANA COURT									
MARI	CO ISLAND FL 34145				83					
					84	City		85 Z	ip Code	
						' '		FL	`	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.150	8, Florida Statute	es, the al	bove Lhv	e-named co	orporation submits this statement for the purpo- ation's board of directors. I hereby accept the a	se of changing	its registered registered	
agent. I ar	egistered agent, or both, in the temperature and accept the c	bligations of, Section	on 607.0505, Flor	ida Stati	utes	ine corpor	,			
SIGNATURE	1	1 alpen	_				4/24	199.		
	Signature, typed or printed name of register	ed agent and little if applica			Agen	nt signature req	juired when reinstating)	<u> </u>	OTODO IN 40	
12.	OFFICER	S AND DIRECTOR		13.		—-	ADDITIONS/CHANGES TO OFFICER	Chan		
TITLE				•	1.1 TITLE		PRESIDENT		ge 🕍 Addition	
NAME	- <u>- 1</u>			1.2 NA		-	TERRY L. KALPIN	. 40		
STREET ADDRESS						T ADDRESS	6214 PARKERS HAMMOCH NAPLES FL 3411	e ran		
CITY-ST-ZIP			□ perett	1.4 CI		T-ZiP	NAPLES FL 34/1	Chan	ge Addition	
TITLE			☐ DELETE	2.1 TIT			I. PRES - SEC	Cilan	ge 🚜 Addition	
NAME				2.2 NA		/	MICHELE R. KALPIN			
STREET ADDRESS				2.3 ST	REET	T ADDRESS	6214 PARKERS HAMMOCI NAPLES FL 3411	R RD.		
CITY-ST-ZIP			□ BCLETE	_	_	ST-ZIP	NAPLES FL 3411	Chan	ge Addition	
TITLE			☐ DELETE	3.1 TIT				Crian	90 LA0010011	
NAME.				3.2 NA						
STREET ADDRESS				3.3 ST	REET	TADDRESS				
CITY-ST-ZIP				3.4. C		ST-ZIP		Chan	ge Addition	
TITLE			☐ DEFELE	4.1 TY				□ Cital.	ge 🗀 Hudillari	
NAME				4, 2 N						
STREET ADDRESS				4.3 ST	REET	TADORESS				
CITY-ST-ZIP				4.4 CI		iT-ZIP		Chan	ge Addition	
TITLE			☐ DELETE	5.1 TT		ļ	يريم وسيسر بالاحتمار الأحامر	☐ Chan	· –	
NAME				5 2 NA		T ADODGGG			·. •	
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP				54 C		i1-ZiP		☐ Char	nge	
TITLE			☐ DELETE	6.1 Tr				□ Char	ige Madidibit	
NAME				6.2 N						
CTOCCT ADDDCCC				6.3 51	REET	TADDRESS				

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP