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

PROFIT A CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000091386

FINELINE MARINE, INC.

Principal Place of Business 4795 HWY. 60 W. MULBERRY FL 33960 Mailing Address

4795 HWY. 60 W. MULBERRY FL 33860

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90028 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					10/27/1998		
2. Principal Pl	ace of Business	2a. Mailing Address	ailing Address		4. FEI Number Applied Fo	or	
21		26			59-3544965 Not Applic	able	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi	aí	
22				_	Fee Required		
City & State City & State		City & State			6. Election Campaign Financing \$5.00 May Be	,	
28					Trust Fund Contribution Added to Fees		
Zip Country Zip		Zip	Country		8. This corporation owes the current year Intangible		
24	25	29 31	0		Personal Property Tax. Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
ELTCH, LOYE J				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
ε							
•							
			٤	4 City	FI 85 Zip Code	ļ	
44. Description of Sections 607 0500 and 607 1508. Elegida Statutes, the above paged compration submits this statement for the number of changing its registered							
office or registered agent, or both is 50 to 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 the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Jon Da	- Loye PUTCH			re required when reinstating) DATE	- }	
42	Signature, typed or printed name of registered age		13.	jent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
12.	311102.001.00		1.1 T/TL	·	Change A		
TITLE							
NAME	10.0.1, 20.2.0		1.2 NAM				
STREET ADDRESS	1100 11111 00 111			ET ADDRESS	SS		
CITY-ST-ZIP			1.4 CiTY		☐ Change ☐ Ac	ddition	
TIFLE			2.1 TITL		C durantie C vi	2010071	
NAME	TIOTHODY, INC. VILLE 11		2.2 NAM	E			
STREET ADDRESS	1100 111111 00 111		2.3 STR	ET ADDRESS	SS		
CITY-ST-ZIP	111		_	-ST-ZIP		ddition	
TITLE	ST □ DELETE 3.1		3.1 TITL		☐ Change ☐ Ad	UGIDON	
NAME	Wessel, Christy		3.2 NAM	E			
STREET ADDRESS	4795 HWY. 60 W.		3.3 STR	ET ADDRESS	SS		
CITY-ST-ZIP	MULBERRY FL 33860		3.4. CIT	'-ST-ZIP			
TITLE		☐ DELETE	4.1 TiTL		☐ Change ☐ Ad	ddition	
NAME			4. 2 NAN	Æ		{	
STREET ADDRESS			4.3 STR	ET ADDRESS	ss		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	=	☐ Change ☐ Ac	ddition	
NAME			5.2 NAM	E		į	
STREET ADDRESS			5.3 STR	ET ADORESS	ss		
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	_		
TITLE		☐ DELETE	6.1 TITL		Change A	ddition	
NAME			6.2 NAW	E		1	
STREET ADDRESS			6.3 STR	EET ADDRESS	ss		
	4			-ST-ZIP			
CITY-ST-ZIP	notify that the information symplind w	ith this filing does not qualify for th			ted in Section 119.07(3)(i). Florida Statutes, I further certify that the informati	ion	

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 trusted 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 man attaching the property of the corporation of the corporation or the receiver of the corporation of the corporation

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-30.99

941-425-8574

Daytime Phone #

R2F034 (11/98)