PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90300 037 \*\*\*150.00

## **DOCUMENT # S11517**

	MARINE OPERATIONS, IN		_				
Principal Pla	ce of Business	Malling Address					
1265 OLD STICKNEY POINT RD 1265 OLD STICKNEY POINT SARASOTA FL 34242 SARASOTA FL 34242					DO NOT WRITE IN THI	S SPACE	
					3. Date ir corporated or Qualifed		
					11/05/1990		
2 Orincina	Place of Business	2a. Mailing Address		<del></del> -	4. FEI Number	Ap	olled For
	, lace of Estimate	26			65-0231943	No	Applicable
Suite, An	f. #, etc.	Suite, Apt. #, etc.	- <del> </del>	<del></del>	5. Certificule of Status Desired	\$8.75 A Fee Re	
City & S	ale	City & State			6. Election Campaign Financing	\$5.00	May Be
		28		•	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Countr	<u></u>	8. This exporation owes the current year !		-
	25	29	30		Personal Property Tax.		[]No
<del></del> -	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registers	d Agent	·
			8	1 Name			
	OUFFEE, DAVID D		8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	85 OLD STICKNEY POINT RD				<u> </u>		
SAI	rasota FL 34242		8:	3			
			184	4 City		85 Zip C	
			1.	1 - "	poration submits this statement for the purpose on's board of cirectors. I hereby accept the appropriate the statement for the purpose on's board of cirectors.		
12.	Signature, lyped or printed name of registered as		Hagistered Ag	ent signature require	d when reinstating) DATE		
	OFFICERS	INE DIRECTORS	13.		ADDITK INS/CHANGES TO OFFICERS		
	D	INC. DIRECTORS	1.1 TITLE	1	ADDITIC INSICHANGES TO OFFICERS	ND DIRECTO	S IN 12
TILE AME	D MCDUFFEE, JAMES R.		1.1 TITLE 1.2 NAME	:	ADDITK INSICHANGES TO OFFICERS		
TLE AME	D MCDUFFEE, JAMES R. ss 1285 OLD STICKNEY PT RD		1.1 TITLE 1.2 NAME 1.3 STREE	ET ADORESS	ADDITIC INSICHANGES TO OFFICERS		
ITLE AME TREET ADDRE	D MCDUFFEE, JAMES R. 1265 OLD STICKNEY PT RD SARASOTA FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 City-	ET ADORESS ST-ZIP	ADDITIC INSICHANGES TO OFFICERS	☐ Change	☐ Addition
ITLE AME TREET ADDRE 3 ITY-ST-ZIP	D MCDUFFEE, JAMES R. 1265 OLD STICKNEY PT RD SARASOTA FL P		1.1 TITLE 12 NAME 1.3 STREI 14 CITY- 2.1 TITLE	ET ADORESS ST-ZIP	ADDITIC INSICHANGES TO OFFICERS		
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TLE  AME  TY-ST-ZIP  TLE  AME  TREET ADDRE	D MCDUFFEE, JAMES R. 1285 OLD STICKNEY PT RD SARASOTA FL P MCDUFFEE, DAVID D 1265 OLD STICKNEY POINT	☐ DELETE	1.1 TITLE 12 NAME 1.3 STRE 14 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	ET ADDRESS ST-ZIP ET ADDRESS	ADDITK INSICHANGES TO OFFICERS	☐ Change	☐ Addition
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TILE  TREET ADDRE S  STY-ST-ZIP  TILE  MANE  STREET ADDRE  STREET ADDRE  TILE  TILE  TILE  TILE  TILE  TILE  TILE  TILE  TILE	D MCDUFFEE, JAMES R. 1285 OLD STICKNEY PT RD SARASOTA FL P MCDUFFEE, DAVID D 1265 OLD STICKNEY POINT	☐ DELETE	1.1 TITLE 12 NAME 13 STRE 14 CITY- 21 TITLE 22 NAME 23 STRE 2.4 CITY- 3.1 TITLE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ADDITIC INSICHANGES TO OFFICERS	☐ Change	☐ Addition
TILE  AME  TREET ADDRE S  STY-ST-ZIP  TILE  TREET ADDRE S  CITY-ST-ZIP  TILE  AME	D MCDUFFEE, JAMES R. 1285 OLD STICKNEY PT RD SARASOTA FL P MCDUFFEE, DAVID D 1265 OLD STICKNEY POINT SARASOTA FL	☐ DELETE ☐ DELETE	1.1 TITLE 12 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME	ET ADDRESS ST-ZIP	ADDITK NS/CHANGES TO OFFICERS	☐ Change	Addition
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TLE  ME REET ADDRE; IY. ST-ZIP  TLE  MME IREET ADDRE; ITY-ST-ZIP  TLE  MME REET ADDRE; IY. ST-ZIP	D MCDUFFEE, JAMES R. 1285 OLD STICKNEY PT RD SARASOTA FL P MCDUFFEE, DAVID D 1265 OLD STICKNEY POINT SARASOTA FL	☐ DELETE ☐ DELETE	1.1 TITLE 12 NAME 1.3 STREE 14 CITY- 2.1 TITLE 22 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 32 NAME 3.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ADDITIC INSICHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change	Addition  Addition
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TLE  AME  TREET ADDRE : TTY-ST-ZIP  TLE  TREET ADDRE : TTY-ST-ZIP	D MCDUFFEE, JAMES R. 1265 OLD STICKNEY PT RD SARASOTA FL P MCDUFFEE, DAVID D 1265 OLD STICKNEY POINT SARASOTA FL	DELETE  DELETE  ROAD	1.1 TITLE 12 NAME 1.3 STREE 14 CITY- 2.1 TITLE 22 NAME 2.4 CITY- 3.1 TITLE 32 NAME 3.3 STREE 34 CITY- 4.1 TITLE 4.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP	ADDITIC INSICHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change	Addition  Addition
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TILE  AME  TREET ADDRE : ITY-ST-ZIP  TILE  AME  STREET ADDRE : ITY-ST-ZIP  TILE  AME  TREET ADDRE : ITY-ST-ZIP  TILE  TREET ADDRE : ITY-ST-ZIP  TILE  TREET ADDRE : ITY-ST-ZIP  TILE	D MCDUFFEE, JAMES R. 1265 OLD STICKNEY PT RD SARASOTA FL P MCDUFFEE, DAVID D 1265 OLD STICKNEY POINT SARASOTA FL	DELETE  ROAD  DELETE  DELETE	1.1 TITLE 12 NAME 1.3 STREE 14 CITY- 2.1 TITLE 22 NAME 2.4 CITY- 3.1 TITLE 32 NAME 3.3 STREE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	ET ADDRESS S1-ZIP  ET ADDRESS -S1-ZIP  ET ADDRESS -S1-ZIP  ET ADDRESS S1-ZIP  ET ADDRESS S1-ZIP  ET ADDRESS S1-ZIP	ADDITK NS/CHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
ITLE  AMIE  TREET ADDRE ;  ITY-ST-ZIP  ITLE  IAME  STREET ADDRE ;  STY-ST-ZIP	D MCDUFFEE, JAMES R. 1265 OLD STICKNEY PT RD SARASOTA FL P MCDUFFEE, DAVID D 1265 OLD STICKNEY POINT SARASOTA FL	DELETE  ROAD  DELETE  DELETE	1.1 TITLE 12 MAME 1.3 STREE 14 CITY- 2.1 TITLE 22 MAME 2.3 STREE 2.4 CITY- 3.1 TITLE 32 MAME 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 MAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS S1-ZIP  ET ADDRESS -S1-ZIP  ET ADDRESS -S1-ZIP  ET ADDRESS S1-ZIP  ET ADDRESS S1-ZIP  ET ADDRESS S1-ZIP	ADDITK NS/CHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition

14. I hereby certify that the information supplied with this filling 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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with a other like empowered.

SIGNATURE:

5-6-91 941 349. 8880