


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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90077 011 ***150.00

0465039

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # S11618

1. Corporation Name
STOP'S MARINE, INC.



Principal Place of Business P.O. BOX 518 GOODLAND FL 33933	Mailing Address P.O. BOX 518 GOODLAND FL 33933
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1990		4. FEI Number 65-0225262		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
City & State 23	City & State 28	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Zip 24 34140	Country 25	Zip 29 34140	Country 30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOPPELBEIN, PAMELA A.
~~**501 EAST COCONUT AVENUE**~~
GOODLAND FL 33933

81 Name	SAME
82 Street Address (P.O. Box Number is Not Acceptable)	
83	406 MANGO AVENUE
84 City	SAME FL
85 Zip Code	34140

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOPPELBEIN, PAMELA A.	1.2 NAME	
STREET ADDRESS	501 E COCONUT AVE	1.3 STREET ADDRESS	406 MANGO AVENUE
CITY-ST-ZIP	GOODLAND FL	1.4 CITY-ST-ZIP	34140
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOPPELBEIN, JOHN V. III	2.2 NAME	
STREET ADDRESS	501 E COCONUT AVE	2.3 STREET ADDRESS	406 MANGO AVENUE
CITY-ST-ZIP	GOODLAND FL	2.4 CITY-ST-ZIP	34140
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Pamela A. Stoppelbein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 **(941) 394-8000**
Date Daytime Phone #