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 Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90006 029 ***150.00

DOCUMENT # S13004 1. Corporation Name

ACTION MARINE FIBERGLASS AND GELCOAT REPAIR, INC

•			i.							
Principal Place	e of Business	Mailing Addre	SS				ACRE ASTRO AST	31 010 11 0 1011 0		
2125 19TH STR		2125-19TH STR								
SARASOTA FL 34234			SARASOTA FL 34234			•				
US / US					DO NOT WRITE IN THIS SPACE				,	
						3. Date Incorporated or Qualifed 11/13/1990				
2. Principal Pl	lace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number		Ap	plied For	1
21		26	26			59-3037010		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.					\$8.75	Additional	
22		27	27			5. Certifcate of Status Desired	<u> </u>	Fee Re	equired	
City & State	e	City & Sta	te			6. Election Campaign Financing		\$5.00	May Be	
23		28	28			Trust Fund Contribution		Added	to Fees	
Zip Country		Zip				8. This corporation owes the current	t year Inta	ngjble		
24	25	29	30			Personal Property Tax.		Yes	□No	
,	9. Name and Address of Cu	urrent Registered Ager	nt			10. Name and Address of New Re	gistered A	gent		
				81	Name					
	erson, angie	•		82	Street A	ddress (P.O. Box Number is Not Acceptabl	e)			
2125 - 19TH ST.					SHOOLA	duress (P.O. Box Number is Not Acceptable)				
SAR	ASOTA FL 34234			83						
				04	0:4		···	85 Zip (Code -	
				84	City		FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Fl	orida Statutes,	the above	e-named c	orporation submits this statement for the pu	rpose of c	hanging its	registered	
office or r	egistered agent, or both, in the S m familiar with, and accept the o	State of Florida. Such ch	ange was auth	orized by	the corpor	ation's board of directors. I hereby accept to	the appoint	ment as re	gistered	
ayent. ra	with, and accept the c	bligations of, occion of	7.0000, 1 101140	a Oluluioo					1	
									,	}
SIGNATURE	Signature fored or printed name of registers	ed agent and title if applicable.	(NOTE: Re	gistered Ager	nt signature red	quired when reinstating)	DATE			ءَ ا
SIGNATURE	Signature coded or printed name of registers	ed agent and title if applicable.	(NOTE: Re	gistered Ager	nt signature red	quired when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTO	DRS IN 12	60
	Signature coded or printed name of registers	S AND DIRECTORS	(NOTE: Re		nt signature red			DIRECTO	DRS IN 12	100/77
12.	Sig Signature of registers OFFICER	S AND DIRECTORS		13.	nt signature red					(44,00)
12. TITLE	OFFICER OFFICER	S AND DIRECTORS		13. 1.1 TITLE 1.2 NAME	nt signature red					1007 144 1001
12. TITLE NAME STREET ADDRESS	OFFICER PD BULLOCK, RON 2125 - 19TH ST.	S AND DIRECTORS		13. 1.1 TITLE 1.2 NAME	TADDRESS					(44,00)
12. TITLE NAME	OFFICER PD BULLOCK, RON 2125 - 19TH ST. SARASOTA FL	S AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREE	TADDRESS					0001004 (44,000)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICER PD BULLOCK, RON 2125 - 19TH ST. SARASOTA FL STD	S AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	TADDRESS			Change	☐ Addition	000000000000000000000000000000000000000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICER PD BULLOCK, RON 2125 - 19TH ST. SARASOTA FL	S AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME	TADDRESS			Change	☐ Addition	(44,000)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICER PD BULLOCK, RON 2125 - 19TH ST. SARASOTA FL STD PETERSON, ANGIE 2125 - 19TH ST.	S AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS			Change	☐ Addition	0001004 (44,000)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER PD BULLOCK, RON 2125 - 19TH ST. SARASOTA FL STD PETERSON, ANGIE	S AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS			Change	☐ Addition	0001007
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	OFFICER PD BULLOCK, RON 2125 - 19TH ST. SARASOTA FL STD PETERSON, ANGIE 2125 - 19TH ST.	S AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	T ADDRESS			☐ Change	☐ Addition	0001777
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME NAME	OFFICER PD BULLOCK, RON 2125 - 19TH ST. SARASOTA FL STD PETERSON, ANGIE 2125 - 19TH ST.	S AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP			☐ Change	☐ Addition	(44,00)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER PD BULLOCK, RON 2125 - 19TH ST. SARASOTA FL STD PETERSON, ANGIE 2125 - 19TH ST.	S AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.1 TITLE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP			☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	(00,11)
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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 suppliemental 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.