

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90010 005 ***150.00

DOCUMENT #

1. Corporation Name

S22002

TAMPA GATEWAY MARINE, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/90

4. FEI Number

59-3048836

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 2535 SUCCESS DRIVE

2a. Mailing Address

26 2535 SUCCESS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ODESSA FL

City & State

28 ODESSA FL

Zip

24 33556

Country

25 PASCO

Zip

29 33556

Country

30 PASCO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

RICHARD W BAKER

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

ODESSA

FL

85

Zip Code

33556

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

R. W. Baker

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE

NAME THOMAS SIKES

STREET ADDRESS 2535 SUCCESS DRIVE

CITY-ST-ZIP ODESSA FL 33556

TITLE S/T/D ☐ DELETE

NAME RICHARD W. BAKER

STREET ADDRESS 2535 SUCCESS DRIVE

CITY-ST-ZIP ODESSA FL 33556

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1

TITLE

1.2

NAME

1.3

STREET ADDRESS

1.4

CITY-ST-ZIP

2.1

TITLE

2.2

NAME

2.3

STREET ADDRESS

2.4

CITY-ST-ZIP

3.1

TITLE

3.2

NAME

3.3

STREET ADDRESS

3.4

CITY-ST-ZIP

4.1

TITLE

4.2

NAME

4.3

STREET ADDRESS

4.4

CITY-ST-ZIP

5.1

TITLE

5.2

NAME

5.3

STREET ADDRESS

5.4

CITY-ST-ZIP

6.1

TITLE

6.2

NAME

6.3

STREET ADDRESS

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:

R W Baker

4/5/99

Daytime Phone #

CR2E034 (11/98)