Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90049 015 ***150.00

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

FROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S43197 1. Corporation Name

RUDE R	oy's marina & boat sal	.ES, INC.			
Principal Place	e of Business	Mailing Address		I (##): Grant 11: Brant 1: 1: 1: 1: 1: 1: 1: 1	
6426 W. HWY. 98 PANAMA CITY BEACH FL 32407 6426 W. HWY. 98 PANAMA CITY BEACH FL 32407			2407	DO NOT WRITE IN T	THIS SPACE
				3. Date Incorporated or Qualifed 04/04/1991	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2975139	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 AdditionalFee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
0FNF11111 POV				CRAID & S.	للم
CENTANNI, ROY 6426 W. HWY 98			82 Street Add	dress (P.O. Box Number is Not Acceptable)	70
PANAMA CITY BEACH FL 32407			83	4 26 W. Hwy 7	
1 AIRAMA OITT DEAOITTE VETOT			Po	mama Cite Bea	ch, 7L
			84 City		FL 85 Zip Code 7
office or reagent. I as	to the provisions of Sections 607.050. gistered agent, or both, in the State m farofilar with, and accept the obligations of the section of	of Florida. Such change was au tools of, Section 607.0505, Flori	s, the above-hamed cor thorized by the corporat da Statutes. Registered Agent signature requir		99
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	ST	☐ DELETE	1.1 TITLE		Change Addition
NAME	Senner, Gerald E.		1.2 NAME		
STREET ADDRESS	6426 W. HWY 98		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2 2 NAME		i
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		, DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE		, L DELETE	3.2 NAME		Contrago Contrago
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS	.				
CITY-ST-ZIP TITLE		□ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		_ , _
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	* * * * * * * * * * * * * * * * * * *	☐ Change ☐ Addition
NAME			6.2 NAME		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP