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

DOCUMENT # S60022

1. Corporation					
TRAWLER PRIVATEER INCORPORATED					
	•				
Principal Place	of Business	Mailing Address			
2851 MAYPORT ROAD 2851 MAYPORT ROAD					
ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
	•			06/13/1991	
2 Princinal Pl	ace of Business	2a. Mailing Address			ied For
21	200 0. 200000	26		59-3106898 Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Contitonto of Status Posited S	
22		27		5. Certificate of Status Desired Fee Requ	uired
City & State	9	City & State		6. Election Campaign Financing \$5.00 M	
23		28		Trust Fund Contribution Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	3
24	25	11	30	Tolocha Tropolity Tan	□No.
	9. Name and Address of Current		81 Name	10. Name and Address of New Registered Agent	
i FEK	K, ELOISE				
2851 MAYPORT ROAD		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
ATLANTIC BEACH FL 32233		83			
7					4
			84 City	FL 85 Zip Co	ode''''
A4 Chievania	to the inscriptions of Sections 607 0500	2 and 607 1508. Florida Statute	s the above-named corn	pration submits this statement for the purpose of changing its re	egistered
office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corporation	oration submits this statement for the purpose of changing its reprise on so board of directors. I hereby accept the appointment as regis	stered
		tions of, Section 607.0505, Plor	ida Statutes.	1-6-99	
SIGNATURE	Eloise heek Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature required		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	Р		44777.5		
NAME		☐ DELETE	1.1 TITLE	Change	☐ Addition
TO THE	LEEK, MARK A	☐ DELETE	1.2 NAME		Addition
STREET ADDRESS	LEEK, MARK A 2851 MAYPORT RD	☐ DELETE		Conange	☐ Addition
			1.2 NAME		, .
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90003 045 ***150.00