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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V21988**

Principal Place of Business

MEDWICK MOBILE MARINE, INC

11366 88TH TEF SEMINOLE FL 3 US		11366 88TH TERRACE NORTH SEMINOLE FL 34642	1			DO NOT W  3. Date Incorporated or Qualife  03/16/1992	RITE IN THIS	SPACE	· · · · · · · · · · · · · · · · · · ·
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For
21				59-31		59-3111805		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 / Fee Re	Additional equired
22 27 — City & State City & State						6. Election Campaign Financin	~	\$5.00	
23 City & State	¬ *··, ·-···			Trust Fund Contribut				Added 1	- 1
Zip	Zip Country Zip Cou			untry  8. This corporation owes the current year Intangible					
24	25 29 30			T crooker i roporty toxi					<b>™</b> No
9. Name and Address of Current Registered Agent						10. Name and Address of Nev	Registered.	Agent	
			8	1 1	Name				
MEDWICK, JOSEPH M., JR.				2 5	Street Addre	ss (P.O. Box Number is Not Acce	ptable)		
11366 88TH TERRACE NURTH			"	~  `	J. 1001 / 104/01	00 (1.0.1.2.01.1.001.1.2.1.01.1.01.1			
SEMINOLE FL 33772			8	3					
	•		L	1				85 Zip	Codo
				4 (	City		FL	as Zip	Code
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 pnoted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
			13.	CIN SE	3/lature required t	ADDITIONS/CHANGES TO		D DIRECTO	DRS IN 12
12. TITLE			1.1 TITLE		— T	ADDITIONOS FINANCES FOR	21 1 10 2 1 10 7 11	Change	Addition
				1.2 NAME					
NAME			1.3 STREET ADDRESS						Į.
STREET ADDRESS									ĺ
CITY-ST-ZIP				ST-Z	IP			Change	Addition
TITLE			2.1 TITLE						
NAME	INCOMINATION IN		2.2 NAME						
STREET ADDRESS	1100 00111 121111111		2.3 STRE		.				
CITY-ST-ZIP			2.4 CITY		<u> </u>			Change	Addition
TITLE				3.1 TITLE				C Criange	
NAME			3.2 NAME						l
STREET ADDRESS	1		33 STRE	3 3 STREET ADDRESS					
CITY-ST-ZIP			-	3.4. CITY-ST-ZIP					
TITLE			4.1 TITLE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET AL	ODRESS				
CITY-ST-ZIP			4.4 CITY-	-ST-Z	IP P				
TITLE		☐ DELETE	5,1 TITLE	:				Change	Addition

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 of 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 or an attachment with an address, with all other like empowered.

5.2 NAME 5.3 STREET ADDRESS

6.2 NAME

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Addition

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90050 004 \*\*\*150.00