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Secretary of State

03-09-1999 90019 005 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V64419

1. Corporation Name
INNOVATIVE MARINE, INC.



Principal Place of Business

Mailing Address

**8780 126TH AVE.. NO.
UNIT E
LARGO FL 33773
US**

**8780 126TH AVE.. NO.
UNIT E
LARGO FL 33773
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1992

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3144394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WILLIAM D BALLOW
2317 EMPEROR DR
KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent

81 Name

JOSEPH R. BALLOW

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

8361 44 ST. NORTH

83

84 City

PINELLAS PARK

FL

85 Zip Code

33781

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 **JOSEPH R. BALLOW** PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P
BALLOW, WILLIAM DANIEL**
STREET ADDRESS **2317 EMPEROR DR**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☒ DELETE

NAME **S/T
ZELTZER, JAY S.**
STREET ADDRESS **2115 OAK BEACH BLVD.**
CITY-ST-ZIP **SEBRING FL 33871**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **P/S/T
BALLOW, JOSEPH R.**

1.3 STREET ADDRESS **8361 44 ST N**

1.4 CITY-ST-ZIP **PINELLAS PARK, FL 33781**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **BALLOW, WILLIAM**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **D
BALLOW, WILLIAM DANIAL**

3.3 STREET ADDRESS **2317 EMPEROR DR.**

3.4 CITY-ST-ZIP **KISSIMMEE FL 34744**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: **JOSEPH R. BALLOW** PRES. 1-27-99 (727) 532-4044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)