**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90153 024 \*\*\*158.75

## 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 # 313573

1. Corporation Name

INTER-BAY MARINE CONSTRUCTION CO.				
				L 100/10 HORE HORE HORE HERE HER HER HER CHIL CORN CONTROL CON CONTROL CONTROL
		_		
Principal Plac	ce of Business	Mailing Address		
7950 118TH AVE NO 7950 118TH AVE NO				
LARGO FL 33773 LARGO FL 33773				
US		US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
2 Principal F	Place of Business	2a. Mailing Address		02/08/1967 4. FEI Number Applied For
21	lade of basiness	26 Moning Address		To describe the second
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.		59-1158596   Not Applicable   \$8,75 Additional
22	,	27		5. Certificate of Status Desired Fee Required
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zíp	Country	This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax.
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
OTA	NEODD OTTOUTH		81 Nan	amé
STANFORD, STEPHEN			82 Stre	reet Address (P.O. Box Number is Not Acceptable)
6340 70TH AVENUE NORTH				
FINE	ELLAS PARK FL 33565		83	
			84 City	ty 85 Zip Code
				FL
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	i02 and 607.1508, Florida Statute e of Florida, Such change was au	s, the above-name	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent, I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.	corporation's board of directors. Thereby accept the appointment as registered
SIGNATURE		_		
12,	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: ND DIRECTORS		eture required when reinstating) DATE
TITLE	PD	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	STANFORD, STEPHEN N	COCCE	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS				2500
CITY-ST-ZIP	PINELLAS PARK FL		1.3 STREET ADDRE	4655
TITLE	DST	☐ DELETE	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	STANFORD SHIRLEY	2,0	2.2 NAME	
STREET ADDRESS	****		2.3 STREET ADDRES	
CITY-ST-ZIP	PINELLAS PARK FL			(E22
TITLE	D	☐ DELETE	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAMÉ	STANFORD, DONNY G.		3.2 NAME	
STREET ADDRESS	7751 64TH ST NO		3.3 STREET ADDRES	NEGO.
CITY-ST-ZIP	PINELLAS PARK FL		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STANFORD, JOHNNY N.		4, 2 NAME	
STREET ADDRESS	6950 58TH WAY NO		4.3 STREET ADDRES	RESS (
CITY-ST-ZIP	PINELLAS PARK FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	ESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS	· ·		6.3 STREET ADDRES	ESS .
CITY OF 710			64 CITY, ST. 7ID	

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: -

1-22-99

727/546-46/2