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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 446402

1. Corporation Name

| | MARINE OF PENSACULA, INC | | | | |
|---|---|--|---|---|---|
| | ce of Business | Mailing Address | | | |
| 2725 W. CERVA PENSACOLA FI | | 2725 W. CERVANTES ST. PENSACOLA FL 32505 | | | |
| | | | | DO NOT WRITE IN 1 | THIS SPACE |
| | | | | 3. Date Incorporated or Qualifed 02/15/1974 | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-1511987 | Not Applicable |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | Fee Required |
| City & Star | ite | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| Zip | Country | 28 Zip | Country | Trust Fund Contribution | Added to Fees |
| 24 | 25 | — | 30 | This corporation owes the current year Personal Property Tax. | r Intangible □ Yes ■ No |
| | 9. Name and Address of Current | | 130 | 10. Name and Address of New Registe | |
| | manufacture of the same | | 81 Name | | |
| MILL Nation (News | LS, JACKSON E. | • | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| ľ | 5 W CERVANTES ST. | . • | 62 Street Addi | ess (F.O. Box Number is Not Acceptable) | d |
| PEN | SACOLA FL 32505 | | 83 | 13. 14. 1. 1. 1. 1. 1. 1. 1. | |
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| oppres 15 mg | , minera | , , , , , , , , , , , , , , , , , , , | 84 City | • | 85 Zip Code |
| | to the provisions of Sections 607.0502 | and 607.1508, Florida Statute | s, the above-named corp | oration submits this statement for the purpos on's board of directors. I hereby accept the a | e of changing its registered |
| | | | | | |
| office or, i agent. I a | registered agent, or both, in the State o am familiar with, and accept the obligati | of Florida. Such change was au ions of, Section 607.0505, Flor | uthorized by the corporation | on's board of directors. I hereby accept the ap- | ppointment as registered |
| agent. I a | am familiar with, and accept the obligation | of Florida, Such change was au ions of, Section 607.0505, Flor | uthorized by the corporation of | on's board of directors. I hereby accept the ap | ppointment as registered |
| agent. I a | am familiar with, and accept the obligation | and title if applicable. (NOTE: | rida Statutes. Registered Agent signature require | d when reinstating) , DATE | |
| agent. I a SIGNATURE | Signature, typed or printed name of registered agent OFFICERS AND | ons of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS | Registered Agent signature require | d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | S AND DIRECTORS IN 12 |
| agent. I a SIGNATURE 12. TITLE | Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NOTE: | Registered Agent signature require 13. 1.1 TITLE | d when reinstating) , DATE | |
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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:

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90064 039 ***150.00

CR2E034 (11/98)