3-23-98 B-3592 C

FILE NOW: FILING FEE IS $61.25

MP

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15 1998 8:00am
Secretary of State

DOCUMENT # 701362 (6)

1. Corporation Name

RICHEY MARINE TRAINING AND RESCUE GROUP, INC.

Principal Place of Business	Mailing Address
3920 MARINE PARKWAY NEWPORT RICHEY FL 34652	3920 MARINE PARKWAY NEWPORT RICHEY FL 34652

3. Date Incorporated or Qualified: 08/25/1960
4. FEI Number: 59-2040641 ☐ 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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCICCHITANO, LEON
5341 WINDWARD WAY
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: HELLMERS, GENE
82 Street Address (P.O. Box Number is Not Acceptable)
83 14452 SHANGRILA LN.
84 City: ODESSA **FL** 85 Zip Code: 33556

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] Gene R. Hellmers — 03/15/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	SCICCHITANO, LEON		1.2 NAME	HELLMERS, GENE	
STREET ADDRESS	5341 WINDWARD WAY		1.3 STREET ADDRESS	14452 SHANGRILA LN.	
CITY-ST-ZIP	N. PORT RICHEY FL		1.4 CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	TD	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MORRIS, BERNARD		2.2 NAME	MORRIS, BERNARD	
STREET ADDRESS	4908 MARLIN DRIVE		2.3 STREET ADDRESS	4908 MARLIN DR.	
CITY-ST-ZIP	N. PORT RICHEY FL		2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COVE, RICHARD		3.2 NAME		
STREET ADDRESS	6311 BAYSIDE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	N PORT RICHEY FL		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	COLE, PATRICK		4.2 NAME	ATTOCCHI, ROY	
STREET ADDRESS	4527 INGERSOL PLACE		4.3 STREET ADDRESS	9040 SHARPS CT.	
CITY-ST-ZIP	PORT RICHEY FL		4.4 CITY-ST-ZIP	NEW PORT RICHEY, 34655	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BALAZS, JOHN C.		5.2 NAME	McCAIN, WALTER	
STREET ADDRESS	4924 ANCHOR WAY		5.3 STREET ADDRESS	8015 SAN FERNANDO DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL		5.4 CITY-ST-ZIP	PORT RICHEY, FL 34688	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

4/15

$61.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.