SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -5 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 843029 (0)

1. Corporation Name
MARCONA OCEAN INDUSTRIES, LTD.

Principal Place of Business
30 SKYLINE DR
LAKE MARY FL 32746

Mailing Address
30 SKYLINE DR
LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1979
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business	2a. Mailing Address
21 2170 West S.R. 434	26 2170 West S.R. 434
Suite, Apt. #, etc. 22 Ste 420	Suite, Apt. #, etc. 27 Ste 420
City & State 23 Longwood FL	City & State 28 Longwood FL
Zip 24 32779 / Country 25 USA	Zip 29 32779 / Country 30 USA

4. FEI Number: 94-6296579 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. Officers and Directors		13. Additions/Changes to Officers and Directors	
Title	PD	Title	DIRECTOR (only) ☒ Change ☐ Addition
Name	FRANGOS, JOHN	Name	
Street Address	30 SKYLINE DR	Street Address	2170 W SR 434 Ste 420
City-St-Zip	LAKE MARY FL	City-St-Zip	Longwood FL 32779
Title	CD	Title	☒ Change ☐ Addition
Name	DOWD, J. STEVEN	Name	
Street Address	30 SKYINE DR	Street Address	2170 W. SR 434 Ste 420
City-St-Zip	LAKE MARY FL	City-St-Zip	Longwood FL 32779
Title	D	Title	☒ Change ☐ Addition
Name	DOWD, PATRICK J. (DELETE)	Name	
Street Address	410 SEVERN AVE.	Street Address	
City-St-Zip	ANNAPOLIS MD	City-St-Zip	
Title	T	Title	TREASURER / DIRECTOR ☒ Change ☐ Addition
Name	DOWD, E MICHAEL	Name	DOWD, E. Michael
Street Address	30 SKYLINE DR	Street Address	2170 W. SR 434 # 420
City-St-Zip	LAKE MARY FL	City-St-Zip	Longwood FL 32779
Title	S	Title	☒ Change ☐ Addition
Name	CULVERHOUSE, JODI	Name	
Street Address	30 SKYLINE DR	Street Address	2170 W. SR 434 # 420
City-St-Zip	LAKE MARY FL	City-St-Zip	Longwood FL 32779
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jodi Culverhouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/5/95 Daytime Phone #: 407 865 6565

CR2E034 (3/95)

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