

DOCUMENT # P95000046212

1. Entity Name
7 MILE MARINE CENTER INC.

Principal Place of Business

1100 OVERSEAS HWY
MARATHON FL 33050
US

Mailing Address

1100 OVERSEAS HWY
MARATHON FL 33050
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0596129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN D
5800 OVERSEAS HIGHWAY
SUITE 40
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERCE, CHARLES 1-47TH ST. GULF MARATHON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NELSON, CALE 1100 OVERSEAS HWY MARATHON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, JAMES 1-47TH ST. GULF MARATHON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GIFFORD, SHERRY 1100 OVERSEAS HWY MARATHON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEGOR, JOHN 1100 OVERSEAS HWY MARATHON FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherry Gifford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01
Date

305-743-3961
Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90026 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)