FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:28

DOCUMENT # **J45586** **(1)**

1. Corporation Name
SOUTHEAST MARINE INCORPORATED

Principal Place of Business	Mailing Address
% ROBERT O. BARATTA P O BOX 2274 STUART FL 34995	% ROBERT O. BARATTA P O BOX 2274 STUART FL 34995

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/05/1986
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business	2a. Mailing Address
21 2100 SE Ocean Blvd.	26 P.O. Box 2274
Suite, Apt. #, etc. 22 Suite 202	Suite, Apt. #, etc. 27
City & State 23 Stuart FL	City & State 28 Stuart FL
Zip / Country 24 34996 / 25	Zip / Country 29 34995 / 30 Martin

4. FEI Number: 59-2749455 ☐ 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

BARATTA, ROBERT O.
21 SE HARBOR POINT DRIVE
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name: Mortell, Edwin E. III
82 Street Address (P.O. Box Number is Not Acceptable): 2100 SE Ocean Blvd.
83: Suite 202
84 City: Stuart FL 85 Zip Code: 34996

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: E. E Mortell — Edwin E. Mortell III — 3/15/95
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	11 TITLE	P/D	☒ Change ☐ Addition
NAME	BARATTA, ROBERT O	12 NAME		
STREET ADDRESS	21 SE HARBOR POINT DR	13 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	Stuart FL 34996	
TITLE	VPD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	BARATTA, GREGG	22 NAME		
STREET ADDRESS	21 SE GARBOR POINT DR	23 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	Stuart FL 34996	
TITLE	VPD	31 TITLE	V/D	☒ Change ☐ Addition
NAME	BARATTA, SCOTT	32 NAME		
STREET ADDRESS	21 SE HARBOR POINT DR	33 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	34 CITY-ST-ZIP	Stuart FL 34996	
TITLE	SD B	41 TITLE	S/D	☒ Change ☐ Addition
NAME	ARATTA, CAROL	42 NAME	Baratta, Carol	
STREET ADDRESS	21 SE HARBOR POINT DR	43 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	44 CITY-ST-ZIP	Stuart FL 34996	
TITLE	TD	51 TITLE	T/D	☒ Change ☐ Addition
NAME	MORTELL, MELISSA A	52 NAME	Mortell, Melissa A.	
STREET ADDRESS	21 SE HARBOR POINT DR	53 STREET ADDRESS	417 Krueger Parkway	
CITY-ST-ZIP	STUART FL	54 CITY-ST-ZIP	Stuart FL 34996	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(k), 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: Robert O. Baratta — Robert O. Baratta — 4/4/95 — 407-287-6151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

046027 FP