Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90070 041 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

				 		
DOCUI	MENT # S52229					
•	MARINE, INC.			<u> </u>		
	William, 1140.			- CONTROL OF COLUMN TRANSPORTER CONTROL OF COLUMN TRANSPORTER COLUMN T		AN ANTO NA
Principal Place	e of Business	Mailing Address				E11 94811 1881
8171 BAY COL		8171 BAY COLONY DR				
STE 1604 STE 1604				DO NOT WOITE IN THE	COBACE	
NAPLES FL 34108		NAPLES FL 34108		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
US		US		05/13/1991		}
2 Drive N O	lace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21 81 1	BAY COLONY DE	26 8 ABOUC -C	3 16	65-0264934	<u> </u>	Applicable
Suite, Apt.		Suife, Apt. #, etc.	<u> </u>		\$8.75 A	dditional
22	6)C.	27	00.	5. Certifcate of Status Desired	Fee Red	quired
City & Sat	above 2	City & State	-Oţ	6. Election Campaign Financing	\$5.00	
23	70°	11 <u> </u>		Trust Fund Contribution	Added to	Fees
Zip	Country	L Zip	Country	8. This corporation owes the current year Ir		□No
24	25		<u> </u>	Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81 Name	10. Haine and Address of New Registered	- Agein	
KEPEN GREGORY C.						
26785 MCLAUGHIN BLVD			82 Street Add	fress (P.O. Box Number is Not Acceptable)		
BONITA BEACH FL 34134			83			
			84 City		85 Zip C	ode
				FI	f changing its	registered
office or I	edictored agent or hoth in the State C	f Florida. Such change was au	inorized by the corborat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	ointment as reg	jistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statutes			
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature requir	1 - 14 - 9 G red when reinstating) DATE	<u> </u>	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DPT	DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	KEPEN, GREGORY C.		1.2 NAME			
STREET ADDRESS	8171 BAY COLONY DR #1604		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34108		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	for a supplied to the supplied		
CITY-ST-ZIP		Nonette .	2.4 CITY-ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	3.1 TITLE			
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
TITLE			4. 2 NAME		_ ,	_
NAME CTREET ADDRESS			4.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME	1		5.2 NAME	•		
STREET ADDRESS	Ţ		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME	1		6.2 NAME			

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.

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP