

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 21, 1999 8:00 am  
Secretary of State

07-21-1999 90008 002 \*\*\*550.00

DOCUMENT # P24431

1. Corporation Name  
NATIONAL MARINE UNDERWRITERS, INC.

Principal Place of Business  
410 SEVERN AVENUE  
SUITE 207  
ANNAPOLIS MD 21403

Mailing Address  
410 SEVERN AVENUE  
SUITE 207  
ANNAPOLIS MD 21403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/22/1989

4. FEI Number  
52-1337983

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, DAVID  
MCDONALD & MCDONALD  
1393 S.W. FIRST STREET, SUITE 200  
MIAMI FL 33135

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 David McDonald July 16, 1999  
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  
NAME BEACHLEY, FRANK  
STREET ADDRESS 208 LIGHTHOUSE VIEW DR  
CITY-ST-ZIP STEVENSONVILLE MD

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VTD ☐ DELETE  
NAME ROBINSON, ROBERT  
STREET ADDRESS 23 UPSHUR  
CITY-ST-ZIP ANNAPOLIS MD

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Vice President  
2.3 STREET ADDRESS Robinson, Robert  
2.4 CITY-ST-ZIP 23 Upshur Ave  
Annapolis, MD 21403

TITLE SD ☐ DELETE  
NAME INGLIS, JAY  
STREET ADDRESS 28 WILLOW  
CITY-ST-ZIP BROOKLYN HEIGHTS NY

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE AS ☒ DELETE  
NAME COGAR, JACQUELINE A.  
STREET ADDRESS 526 WINTERSWEET CT  
CITY-ST-ZIP ANNAPOLIS MD

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HOLT, J. WILLIAM  
STREET ADDRESS 1100 RAHWAY ROAD  
CITY-ST-ZIP PLANIFIELD NJ

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Treasures  
6.3 STREET ADDRESS Erin Rice  
6.4 CITY-ST-ZIP 158 Foxchase Dr  
Glen Burnie, MD 21061

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.

SIGNATURE: G. J. HOLT 7-12-99 4102683100

CR2E034 (5/99)