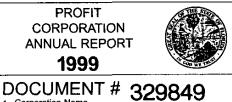
PROFIT CORPORATION ANNUAL REPORT

1999

BONANNI SHIP SUPPLY INC

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 05, 1999 8:00 am Secretary of State **Katherine Harris**

05-05-1999 90052 017 ***150.00



Principal Place of Business Mailing Address P.O. BOX 3208 107 NORTH 11TH ST. SUITE 2 **TAMPA FL 33601** DO NOT WRITE IN THIS SPACE **TAMPA FL 33602** 3. Date Incorporated or Qualifed 05/02/1968 2a. Mailing Address 4. FEI Number Applied For Principal Place of Business Not Applicable 59-1209877 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Zip Country □No 29 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 BONANNI, CLAUDE 82 Street Address (P.O. Box Number is Not Acceptable) 107 N. 11TH ST. **TAMPA FL 33602** 83 85 Zip Code 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Addition DVP ☐ DELETE 1.1 TITLE ☐ Change TM F **BONANNI, SERGE** 12 NAME NAME 107 N.11TH ST. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE BONANNI.REBA 2.2 NAME NAME 107 N.11TH ST. 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 3.1 TITLE NAME **BONANNI, CLAUDE** 3.2 NAME 3.3 STREET ADDRESS 107 N.11TH ST STREET ADDRESS TAMPA FL 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 receipter or trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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