FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **351216** **(7)**

1. Corporation Name
CHUCK'S MARINA INC

Principal Place of Business
1990 PLACIDA RD
ENGLEWOOD FL 34223

Mailing Address
1990 PLACIDA RD
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified: 08/25/1969
3a. Date of Last Report: 04/10/1995
4. FEI Number: 59-1271559 — 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

2. Principal Place of Business
21 | 22 Suite, Apt #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 Suite, Apt #, etc. | 28 City & State | 29 Zip | 30 Country

9. **Name and Address of Current Registered Agent**

CHAMBERLAIN, ROBERT A.
8418 OSPREY ST
ENGLEWOOD FL 34224

10. **Name and Address of New Registered Agent**
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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CHAMBERLAIN,PHILIP L	
STREET ADDRESS	1220 MARYKNOLL RD.	
CITY, ST, ZIP	ENGLEWOOD FL	
TITLE	S	☐ DELETE
NAME	CHAMBERLAIN, IONA P.	
STREET ADDRESS	1220 MARYKNOLL RD	
CITY, ST, ZIP	ENGLEWOOD FL	
TITLE	D	☐ DELETE
NAME	CHAMBERLAIN, IONA P.	
STREET ADDRESS	1220 MARYKNOLL RD	
CITY, ST, ZIP	ENGLEWOOD FL	
TITLE	VP	☐ DELETE
NAME	CHAMBERLAIN, ROBERT A.	
STREET ADDRESS	8418 OSPREY ST	
CITY, ST, ZIP	ENGLEWOOD FL	
TITLE	D	☐ DELETE
NAME	CHAMBERLAIN, JUDI L	
STREET ADDRESS	8418 OSPREY ST	
CITY, ST, ZIP	ENGLEWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY, ST, ZIP		
2 TITLE	☐ Change	☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY, ST, ZIP		
3 TITLE	☐ Change	☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY, ST, ZIP		
4 TITLE	☐ Change	☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY, ST, ZIP		
5 TITLE	☐ Change	☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY, ST, ZIP		
6 TITLE	☐ Change	☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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 or is changed or on an attachment with an address.

SIGNATURE: Philip L Chamberlain — March 27, 96 — 941-474-4075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PHILIP L CHAMBERLAIN