FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** Apr 15 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)L.B. HARVEY MARINE, INC. Principal Place of Business Mailing Address 152 SW 8TH STREET MIAMI FL 33130 152 SW 8TH STREET MIAMI FL 33130 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1970 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1284399 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 30 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent CATLIN, H. JAMES, JR. 1700 ALFRED I. DUPONT BLDG. Street Address (P.O. Box Number is Not Acceptable) **169 EAST FLAGLER STREET** 83 **MIAMI FL 33131** 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE RIPPLE, DAVID W. NAME 1.2 NAME 152 SW 8TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-S1-ZIP DELETE Change Addition TITI F 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 THILE ☐ Change ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE -04/15/98--01014--02 6.2 NAME

6.3 STREET ADDRESS

AVID WKIDDLE

6.4 CITY-ST-ZIP 14. Thereby 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 supplicipant and acquirate 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 hie receive 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 chapted or or an attacyment withyan address.

***150.00

NAME

STREET ADDRESS

CITY-ST-ZIP