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Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Ronald C. Gillman

PROFIT Jul 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham < ANNUAL REPORT Secretary of State Socretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # Upper Keys Marine Construction, Inc. Principal Place of Business Mailing Address Levy County, Fl. P.O. Box 358 DO NOT WRITE IN THIS SPACE Gulf Hammock, Fl. 32639 3. Date Incorporated or Qualified October 19, 1970 2. Principal Place of Business F1. 4. FEI Number Mailing Address 358 Applied For 591299953 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional K 5. Certificate of Status Desired 6491 S.E. Co. Rd. 326 22 Fee Required City & State
Gulf Hammock, Fl. Gulf Hammock, Fl. 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees ^{Zip}32639 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. The Yes No 32639 U.S.A. 24 U.S.A. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Ronald C. Gillman Street Address (P.O. Box Number is Not Acceptable) 82 P.O. Box 358 /6491 S.E. County Rd. 326 83 Gulf Hammock, FL. 32639 84 City 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 it applicable costered Agent signature required when reinstating OFFICERS AND DIRECTORS 12. CR2E034 (10/97 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1.7(1) President/Secretary ☐ Change ■ Addition NAME Ronald C. Gillman 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS P.O. Box 358 /6491 S.E. Co. Rd. 326 CITY-ST-ZIP 1 4 CiTY-ST-ZIP Gulf Hammock, Fl. 32639 TITLE 21 THLE Change ☐ Addition Vice President NAME 22 NAME Linda D. Gillman STREET ADDRESS 2.3 STREET ADDRESS P.O. Box 358 /6491 S.E. Co. Rd.326 CITY-ST-ZIP 2 4 CITY-ST-ZIP Gulf Hanmock, Fl. 32639 DILETE TITLE 3 1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY- ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY- ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE □ DELETE 6.1 THEF Change ☐ Addition **000002582** -07/08/98--01040-NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS *****5**58.75 6.4 C(TY-S1-Z)P 14. Thereby certify that the information supplied with this filling 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

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