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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 484987 (3)

1. Corporation Name  
INTRAMARINE, INC.

Principal Place of Business  
2029 E. ADAMS ST.  
P.O. BOX 53043  
JACKSONVILLE FL 32201

Mailing Address  
2029 E. ADAMS ST.  
P.O. BOX 53043  
JACKSONVILLE FL 32201-3043



3. Date Incorporated or Qualified 09/25/1975  
3a. Date of Last Report 03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number 59-1759123  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERTLE, HELMUT  
2029 E. ADAMS STREET  
JACKSONVILLE, FLORIDA  
32201

81 Name CAROL B. HERTLE  
82 Street Address (P.O. Box Number is Not Acceptable) 2029 EAST ADAMS STREET  
83  
84 City JACKSONVILLE FL 85 Zip Code 32202

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 *Carol B. Hertle* CAROL B. HERTLE, PRESIDENT 4/9/97  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	HERTLE, HELMUT
STREET ADDRESS	2029 E. ADAMS ST.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	HERTLE, CAROL
STREET ADDRESS	2029 E. ADAMS ST.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	EDGERTON, E W JR
STREET ADDRESS	2029 EAST ADAMS ST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	WOODS, DANIEL W
STREET ADDRESS	2029 EAST ADAMS ST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	ROBINSON, JANET D
STREET ADDRESS	2029 EAST ADAMS ST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Carol B. Hertle* 4/9/97 904-353-0828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CAROL B. HERTLE

CR2E034 (9/96)