FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)618558 MARINE ELECTRICAL DESIGN, INC. Principal Place of Business Mailing Address 7855-126TH AVENUE N. 5671 BAYVIEW DRIVE N. LARGO FL 33773 SEMINOLE FL 34642 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/24/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1903488 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State **\$5.00** May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUCZAK. DAVID 3300 EAST BAY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 103 83 LARGO FL 33541 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 far iliar with, and Incept the bilgations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATÉ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change TITLE 1.1 TITLE REISCHMANN, RICHARD H NAME 1.2 NAME 5671 BAYVIEW DR STREET ADDRESS 1.3 STREET ADDRESS SEMINOLE, FL 33542 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETÉ Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST-ZIP TITLE DEL ETE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP 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 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 chapted, or an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

DELETE

DELETE

Daytime Phone # 0404167

Date

☐ Change

Change

Addition

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