COF	PROFIT RPORATION JAL REPORT 1996	AFT	FLORIDA DEPAR Sandra B Secretary DIVISION OF C	TMENT . Morth y of Sta	OF S am	TATE				
DOCUMENT # 658524 (4)										
1. Corporation	n Name	-	(')							
KING	MARINE, INC.						! IRANIA ANAL BIJRI ANAL ANALA ANA	I BEBL BEBL BI		I BERT RIBIT HER
Principal Phone	of Business		Stop Address							
Principal Place 840 SE 9Th			iling Address 840 SE 9TH TERRACE							
	AL FL 33990		CAPE CORAL FL 33990							
							3. Date Incorporated or Qualified 03/10/1980	3a. Date	of Last FI 2/01/19	
	S. E. 11th Ave.	2a. 26	Mailing Address Same				4. FET Number 59-2008643			Applied For Not Applicable
Suite, Apt.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
City & State		27	City & State				6. Election Campaign Financing			Nequired May Be
23 Cap	oe Coral, FL	28	T				Trust Fund Contribution		Adde	d to Fees
24 339		29		30]	untry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for it. Florida Statutes Yes. 10. Name and Address of New R.	⊠ No		199.032,
	J. 114110	Thog or	ord Agent		81	Name	io, nume and Address of new m	egisteleu A	gen	
4001 D	R, LEIGH M. EL PRADO BLVD. CORAL FL 33904				83	Street Add	dress (F.O. Box Number is Not Acceptab	le)	85 Zı	p Code
11 Durcupal	to the provisions of Sections 607 0600	and 607	1500 Florida Statutos	the etc	1	ŕ	coffee outside this state out for the	FL		
or register familiar wi	red agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such on 607.0	. 1506, Florida Statules, change was authorized)505, Florida Statules.	by the	corpoi	ration's boa	oration submits this statement for the pur and of directors. Thereby accept the appo	pose or cha ontment as i	nging its r registered	registered office Lagent, Lam
SIGNATURE .										
12.	Signature: typed or printed name of registered agent a OFFICERS AND			Begistere 13.	d Agent :	sight at the frequen	ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	DRS IN 12
TITLE	PTD		DELETE	1. 1	TITLE] Change	Addition
NAME STREET ADDRESS	KING, EDWARD P. 1702 S.E. 39TH ST.			1.2 N 1.3 S	IAME STREET A	DDRESS				
CITY-ST-ZIP TITLE	CAPE CORAL FL SVD		DELETE	140 2.11	DTY-ST-	ZIP] Change	Add tion
NAME	KING, NEVA I.			22 N) onaige	
STREET ADDRESS	1702 S.E. 39TH ST.				TREELA	- 1				
CITY-ST-ZIP TITLE	CAPE CORAL FL		DELETE	3 1 1	ITTLE	ZIP] Change	Addition
NAME			order	32 N				L	, onu-igo	Manition:
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CITY - ST - ZIP		<u>-</u>	ET DUCES		ITY-SI-	7.P			3.0	
TITLE NAME			☐ DELETE	4 1 1] Change	Addition
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TITLE			DELETE:	5 17		1] Change	☐ Addition
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STREET ADDRESS					TREET AL	į.				
CITY-ST-ZIP TITLE			DELETE	6 1 1	HTY-SI- TILE	ZIF			Change	Addition
NAME			_ ·	6.2 N				L.	2-	
STREET ADDRESS				638	TREET AL	DORESS				

City-St-2ir

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

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE SIGNATURE NAME OF SIGNIFIG OFFICER OF DIRECTOR.

1-17-95 991-574 434/