

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 722255 (7)
1. Corporation Name

MARINE INDUSTRIES ASSOCIATION OF GREATER TAMPA BAY INC.

Principal Place of Business

Mailing Address

P.O. BOX 1365
CLEARWATER FL 34617

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CLEARWATER FL 34617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1971 3a. Date of Last Report 06/06/1996

4. FEI Number 59-1559899 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 KIRN, ROBERT G.
300 S. DUNCAN AVENUE #100-122
CLEARWATER FL 34615-3375

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Robert G. KIRN* ROBERT G. KIRN

8-8-1997
DATE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KIRN, ROBERT G.
STREET ADDRESS 603 PINELLAS ST
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 300 S DUNCAN AVE #122
1.4 CITY-ST-ZIP CLEARWATER FL 33757

TITLE VD
NAME HITCH, DOUG
STREET ADDRESS 3839 4TH STREET N.
CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS UNIT K 12910 AUTOMOBILE BLVD
2.4 CITY-ST-ZIP CLEARWATER, FL. 33762

TITLE T
NAME BAER, DAVID
STREET ADDRESS 235 WINDARD PASSAGE
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME WENDT, SUSAN
STREET ADDRESS 17908 SIMMS RD
CITY-ST-ZIP ODESSA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WOLF, IVAN
STREET ADDRESS 19321 US 19 NORTH
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED

8-8-1997

CR2E037 (4/97)