FILE NOW: FILING FEE IS \$61.25 FILED **NOMPROFIT** ELORIDA DEPARTMENT DE STATE May 18 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 724685 (3)PINELLAS MARINE INSTITUTE, INC. Principal Place of Business Mailing Address 3101 GULF BLVD 3101 GULF BLVD 3. Date Incorporated or Qualified ST PETERSBURG FL 33706-4069 ST PETERSBURG FL 33706-4069 10/31/1972 4. FEI Number Applied For 23-7228523 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 ☐ Yes Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HULL DAVID J 82 Street Address (P.O. Box Number is Not Acceptable) 227 SOUTH CALHOUN 83 TALLAHASSEE FL 32302 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition my. LOEHR, NANCY E 1.2 NAME See Attachment STREET ADORESS 575 75TH AVENUE 1.3 STREET ADDRESS ST PETERSBURG FL 33706 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition 'DAVIS, PAMELA J NAME 2.2 NAME 12425 28TH AVE N STREET ADDRESS 2.3 STREET ADDRESS st pètersburg fl CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change ☐ Addition CARR, ELLIÒTT NAME 3.2 NAME 296 MIRROR LAKE DRIVE STREET ADORESS 3.3 STREET ADDRESS ST PETERSBURG FL 33701 CITY-ST-ZIP 3.4. DITY-ST-ZIP DELETE TITLE 41 TITLE Change ☐ Addition NAME CARTER, ROBERT J 4. 2 NAME STREET ADDRESS 701 6TH STREET SOUTH 4.3 STREET ADDRESS ST PETERSBURG FL 33701 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition WEAVER, ROBERT S NAME 5.2 NAME 5915 BENJAMIN CENTER DRIVE STREET ADDRESS 5.3 STREET ADDRESS Tampa/fl 33634 CITY-ST-ZIP 5.4 CiTY-ST-ZIP TITLE **SELETE** 6.1 TITLE Change Addition

I hereby certify that the information supplied with this tiling 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 an an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

WOYCOFF, RICHARD H

ST PETE BCH FL

⁄2806 PASS A GRILLE WAY

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

object 5 Weaver 4 23 98

8/3-887

Daytime Phone # asso san

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