FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:57

DOCUMENT # 726998 (8)

1. Corporation Name
YANKEETOWN MARINE TRAINING AND RESCUE GROUP, INC

Principal Place of Business	Mailing Address
14801 WEST RIVER ROAD,CITRUS COUNTY P.O.BOX 178 INGLIS FL 32649-0178	P O BOX 178 INGLIS FL 34449 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1973
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2636700 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 #85 CANTERBURY RD.	2a. Mailing Address 26 P.O. Box 40
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 INGLIS, FL	City & State 28 INGLIS, FL
Zip / Country 24 34449 / 25 USA	Zip / Country 29 34449 / 30 USA

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
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
DORNBIRER, STANTON D 14801 WEST RIVER ROAD, CITRUS CTY. INGLIS FL 34449	81 Name: THOMPSON, THOMAS F. 82 Street Address (P.O. Box Number is Not Acceptable): #85 CANTERBURY RD. 83 84 City: INGLIS FL 85 Zip Code: 34449

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: Thomas F. Thompson — 3/31/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	KONOLD, RUSSELL	1.2 NAME		
STREET ADDRESS	154 MORRIS BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	INGLIS FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LARSON, RUSSELL M	2.2 NAME		
STREET ADDRESS	9708 W SANDRA ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	DST	☑ Change ☐ Addition
NAME	THOMPSON, THOMAS F	3.2 NAME		
STREET ADDRESS	85 CANTERBURY ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	INGLIS FL 34449	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	D	☑ Change ☐ Addition
NAME	FITZPATRICK, JOHN J	4.2 NAME	PIERCE, WILLIAM M. (REMOVE FITZPATRICK)	
STREET ADDRESS	9994 S.W. 182ND CIRCLE	4.3 STREET ADDRESS	P.O. BOX 38 (N/A)	
CITY-ST-ZIP	DUNNELLON FL 34430	4.4 CITY-ST-ZIP	MORRISTON, FL 32668	
TITLE	TD	5.1 TITLE		☑ Change ☐ Addition
NAME	DORNBIRER, STANTON D	5.2 NAME	REMOVE DORNBIRER	
STREET ADDRESS	14801 W RIVER RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	CITRUS CITY FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HILDEBRAND, OTTO L	6.2 NAME		
STREET ADDRESS	30 E 65 ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	INGLIS FL	6.4 CITY-ST-ZIP		

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)(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: Thomas F. Thompson — 3/31/95 (904) 447-2328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THOMAS F. THOMPSON