

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 804778 (9)

1. Corporation Name

MARINELAND, INC.



Principal Place of Business

Mailing Address

9807 OCEAN SHORE BLVD
MARINELAND FL 32086-6602

9807 OCEAN SHORE BLVD
MARINELAND FL 32086-6602

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 c/o P.O. Drawer 3007

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 City & State

29 St. Augustine, FL

24 Zip

Country

29 32085-3007

30 Country

3. Date Incorporated or Qualified

08/02/1937

3a. Date of Last Report

04/28/1995

4. FEI Number

59-0345015

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 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

John D. Bailey, Jr.

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

780 Ponce de Leon Blvd. N

83

84 City

St. Augustine

FL

85 Zip Code

32084

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

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

John D. Bailey, Jr.

4/26/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME THOMPSON, PIERRE D.
STREET ADDRESS 61 CORDOVA ST.
CITY-ST-ZIP ST AUGUSTINE FL

TITLE DCP ☐ DELETE
NAME BAILEY, JOHN D.
STREET ADDRESS 61 CORDOVA ST
CITY-ST-ZIP ST AUGUSTINE FL

TITLE STD ☐ DELETE
NAME BAKER, GREG
STREET ADDRESS 61 CORDOVA ST.
CITY-ST-ZIP ST AUGUSTINE FL

TITLE D ☐ DELETE
NAME BURDEN, CHRISTOPHER
STREET ADDRESS BOX A MALLWAY
CITY-ST-ZIP NEW SEABURY MA

TITLE DV ☐ DELETE
NAME CONE, FRED M. JR.
STREET ADDRESS 225 WATER STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME DRYSDALE, DAVID C.
STREET ADDRESS 3029 SECOND STREET
CITY-ST-ZIP ST. AUGUSTINE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John D. Bailey, Sr.

4/24/96

Date

(904)829-9075

Daytime Phone #

CR2E034 (12/95)