FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED May 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # 804778 (9)MARINELAND, INC. Principal Place of Business Mailing Address % P.O. DRAWER 3007 9807 OCEAN SHORE BLVD MARINELAND FL 32086-6602 ST. AUGUSTINE FL 32085-3007 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/02/1937 2a. Mailing Address Principal Place of Business 4. FEI Number Applied For 59-0345015 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 30 X Yes ☐ No 24 Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JOHN D. BAILEY JR. Name 780 PONCE DE LEON BLVD N. 82 Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32084 83 84 City Zip Code 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition THOMPSON, PIERRE D. 1.2 NAME NAME **61 CORDOVA ST.** STREET ADDRESS 1.3 STREET ADDRESS **ST AUGUSTINE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BAILEY, JOHN D. NAME 2.2 NAME 61 CORDOVA ST STREET ADDRESS 2.3 STREET ADDRESS **ST AUGUSTINE FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition STD Change 3.1 TITLE TITLE BAKER, GREG 3.2 NAME NAME 61 CORDOVA ST. STREET ADORESS 3.3 STREET ADDRESS **ST AUGUSTINE FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE BURDEN, CHRISTOPHER 4 2 NAME NAME BOX A MALLWAY STREET ADDRESS 4.3 STREET ADDRESS **NEW SEABURY MA** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE CONE, FRED M. JR. 5.2 NAME NAME 225 WATER STREET 5.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE

14. Thereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an all schripping with a address.

6.3 STREET ADDRESS

74 00

6.4 CITY-ST-ZIP

6.2 NAME

DRYSDALE, DAVID C.

ST. AUGUSTINE FL

3029 SECOND STREET

NAME

STREET ADDRESS

CITY-ST-ZIP