

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # 827192 (6)

1. Corporation Name

THE MARINER GROUP, INC.

Principal Place of Business

12800 UNIVERSITY DR SUITE 350
SUITE 350
FT MYERS FL 33907

Mailing Address

12800 UNIVERSITY DR SUITE 350
SUITE 350
FT MYERS FL 33907-5343

3. Date Incorporated or Qualified

12/16/1971

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

34-1089734

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

BLACK, EDWARD
12800 UNIVERSITY DRIVE, SUITE #350
FT. MYERS FL 33907

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 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CM	<input type="checkbox"/> DELETE
NAME	TAYLOR, ROBERT M.	
STREET ADDRESS	12800 UNIVERSITY DRIVE, #350	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ALLEN G. TEN BROEK	
STREET ADDRESS	12800 UNIVERSITY DR #260	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CICCARELLO, ELAINE	
STREET ADDRESS	12800 UNIVERSITY DR., STE. 350	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DIXON, JAMES H.	
STREET ADDRESS	12800 UNIVERSITY DR., STE. 350	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BLACKETER, JOE	
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE #350	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEAVER, CAROL	
STREET ADDRESS	12800 UNIVERSITY DR., STE. 350	
CITY - ST - ZIP	FORT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James H. Dixon, Jr.
JAMES H. DIXON, JR. V.P.

4/14/97

844 441 2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0398478

CR2E034 (9/96)