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Mar 08, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 843029

1. Corporation Name

MARCONA OCEAN INDUSTRIES, LTD.



Principal Place of Business

**2101 W SR 434
STE 103
LONGWOOD FL 32779
US**

Mailing Address

**2101 W SR 434
STE 103
LONGWOOD FL 32779
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1979

4. FEI Number

94-6296579

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 360 E. Graves Ave

Suite, Apt. #, etc.

22 Ste B

City & State

23 Orange City FL

Zip

24 32763

Country

25 USA

2a. Mailing Address

26 360 E. Graves Ave

Suite, Apt. #, etc.

27 Ste B

City & State

28 Orange City FL

Zip

29 32763

Country

30 USA

9. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE

NAME **DOWD, J. STEVEN**

STREET ADDRESS **2101 W SR 434 STE 103**

CITY-ST-ZIP **LONGWOOD FL**

TITLE **TD** ☐ DELETE

NAME **DOWD, MICHAEL E**

STREET ADDRESS **2101 SW SR 434 STE 103**

CITY-ST-ZIP **LONGWOOD FL**

TITLE **S** ☐ DELETE

NAME **FROST, JODI C.**

STREET ADDRESS **2101 SR 434 STE 103**

CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**360 E. Graves Ave Ste B
Orange City FL 32763**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**360 E. Graves Ave Ste B
Orange City FL 32763**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**360 E. Graves Ave Ste B
Orange City FL 32763**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]

JODI C. Frost, Secretary

1/14/99 9047749290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)