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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F13240 (9)

1. Corporation Name

MARCO MARINE CONSTRUCTION, INC.

Principal Place of Business

601 ELKCAM CIR #C4
P.O. BOX 1247
MARCO ISLAND FL 33969

Mailing Address

601 ELKCAM CIR #C4
P.O. BOX 1247
MARCO ISLAND FL 34146-1247

3. Date Incorporated or Qualified
12/30/1980

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 601 E. Elkcarn Cir., #C4

Suite, Apt. #, etc.

22 PO Box 1247

City & State

23 Marco Island, FL

Zip Country

24 34146

2a. Mailing Address

26 601 E. Elkcarn Ct., #C4

Suite, Apt. #, etc.

27 PO Box 1247

City & State

28 Marco Island, FL

Zip Country

29 34146

30

4. FEI Number
59-2049338

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

TOBIE, RUTH
1273 BLUEBIRD AVE
MARCO ISLAND FL 33967 34145

10. Name and Address of New Registered Agent

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 DP ☐ DELETE

NAME
RICCI, DONALD P
STREET ADDRESS
840 COPELAND DR
CITY-ST-ZIP
MARCO ISLAND FL

TITLE VD ☐ DELETE

NAME
RICCI, E SHARON
STREET ADDRESS
840 COPELAND DR
CITY-ST-ZIP
MARCO ISLAND 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME
Donald P. Ricci
1.3 STREET ADDRESS
446 Countryside Dr.
1.4 CITY-ST-ZIP
Naples, FL 34104

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME
Ricci, E. Sharon
2.3 STREET ADDRESS
446 Countryside Dr.
2.4 CITY-ST-ZIP
Naples, FL 34104

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 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:

Donald P. Ricci Sr.
President

4/28/97

941/394-8194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

041 10

CR2E034 (9/96)