2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attact,

SIGNATURE: WILLIAM

Apr 02, 2004 8:00 am Secretary of State DOCUMENT # F17650 1. Entity Name 04-02-2004 90048 046 ***150.00 ATKINSON MARINE, INC. Principal Place of Business Mailing Address 300 N FEDERAL HWY 300 N FEDERAL HWY DANIA FL 33004 **DANIA FL 33004** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2060153 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGHES, M. DANIEL, ESQ. Street Address (P.O. Box Number is Not Acceptable) 3000 NORTH FEDERAL HIGHWAY **BUILDING TWO, SUITE 200** FT. LAUDERDALE FL 33306 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE MIDDLETON WILLIAM T Change ☐ Addition ☐ Delete MIDDLETON, WILLIAM T NAME NAME 300 N. FEDERAL MUY 235-9.W. 32-COURT STREET ADDRESS STREET ADDRESS BELDANIA FC 33004 FT-LAUDERDALE FL-33315 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change Addition COLLINS J. FRED 300 B. FEDERAL HUY NAME COLLINS, J. FRED STREET ADDRESS STREET ADDRESS 235 S.W. 32 COURT DAVIA FL 33004 CITY-ST-ZIP FT LAUDERDALE EL CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplimental 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 10 or Block 11 if

SIGNING OFFICER OR DIRECTOR

FILED