SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 SEP -3 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F20327** **(5)**

1. Corporation Name
M/V MARY SNEE, INC.

Principal Place of Business	Mailing Address
24 NE 325TH TRAIL **OKEECHOBEE FL 34972**	**24 NE 325TH TRAIL** **OKEECHOBEE FL 34972**

3. Date Incorporated or Qualified: **02/18/1981**
3a. Date of Last Report: **08/08/1995**

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-2106288** ☐ 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

ABEL, MAUREEN LOUGHMAN
24 N.E. 325TH TRAIL
OKEECHOBEE 34972

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DP**	☐ DELETE	11 TITLE	20000193 Change 1 Addition
NAME	**ABEL, JOHN G.**		12 NAME	-09/20/96--01021--023
STREET ADDRESS	**24 N.E. 325TH TRAIL**		13 STREET ADDRESS	****225.00 ****225.00
CITY-ST-ZIP	**OKEECHOBEE FL**		14 CITY-ST-ZIP	
TITLE	**S**	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	**ABEL, MAUREEN LOUGHMAN**		22 NAME	
STREET ADDRESS	**24 N.E. 325TH TRAIL**		23 STREET ADDRESS	
CITY-ST-ZIP	**OKEECHOBEE FL**		24 CITY-ST-ZIP	
TITLE	**TDV**	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	**ABEL, MAUREEN LOUGHMAN**		32 NAME	
STREET ADDRESS	**24 N.E. 325TH TRAIL**		33 STREET ADDRESS	
CITY-ST-ZIP	**OKEECHOBEE FL**		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

JB 9-10-96

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maureen Loughman Abel 8-1-96 941467-5377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #