1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F21731

1. Corporation Name

DENMAR MARINE CONTRACTORS, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90177 010 ***150.00



Principal Place of Business Mailing Address 6773 CALLE DEL PAZ NORTH 6773 CALLE DEL PAZ NORTH **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/03/1981 Aprilied For Mailing Address 4. FEI Number Not Applicable 26 59-2081486 \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 This corporation owes the current year Intangible Persor al Property Tax 29 Name and Address of New Registered Agent Name and Address of Current Registered Agent Name TRAVO, DENNIS O. Box Number is Not Acceptable) Street Ag 82 6773 CALLE DEL PAZ NORTH **BOCA RATON FL FL 33433** 83 City_1 Zip Code 84 11. Pursuant to the provisions of Sc ctions 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 approintment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT 2: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Addition ☐ Change DELETE TITLE 1.1 TITLE PDT 1.2 NAME NAME TRAVO, DENNIS 6773 CALLE DEL PAZ N 1.3 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE PDT 2.1 TITLE TITLE BATOR, MARTIN J 2.2 NAME NAME 4910 LYWAL DR 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereb / certify that the informat on 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 recuired 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:

CITY-ST-ZIP

CR2E034 (11/98)