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FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90075 029 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F30724

1. Corporation Name

MARINER CAPITAL INVESTMENT CORPORATION

Principal Place of Business

12800 UNIVERSITY DRIVE
#350
FT. MYERS FL 33907
US

Mailing Address

12800 UNIVERSITY DRIVE
#350
FT. MYERS FL 33907
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1981

4. FEI Number

59-2094148

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 12800 University Drive
Suite, Apt. #, etc.

22 # 260

City & State

23 Ft. Myers, FL

Zip

24 33907

Country

25 USA

2a. Mailing Address

26 8961 Conference Dr.
Suite, Apt. #, etc.

27 ATTN: R. Krichbaum

City & State

28 Ft. Myers, FL

Zip

29 33919

Country

30 US

9. Name and Address of Current Registered Agent

BOGOTT, TIMOTHY R
12800 UNIVERSITY DRIVE
#350
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name Robert M. Taylor
82 Street Address (P.O. Box Number is Not Acceptable)
12800 University Drive
83 Suite 260
84 City Ft. Myers FL 85 Zip Code 33907

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

Robert M. Taylor, Director/Chairman/President 1/19/99

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TAYLOR, ROBERT M	
STREET ADDRESS	12800 UNIVERSITY DR STE 350	
CITY-ST-ZIP	FT MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOGOTT, TIMOTHY R	
STREET ADDRESS	12800 UNIVERSITY DR STE 350	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VPP	<input type="checkbox"/> DELETE
NAME	TERESA ZAGARIA	
STREET ADDRESS	12800 UNIVERSITY DR STE 350	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	VIRGINIA S. BROOKS	
STREET ADDRESS	12800 UNIVERSITY DR STE 350	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director and President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Taylor, Robert M.	
1.3 STREET ADDRESS	12800 University Dr. Ste 260	
1.4 CITY-ST-ZIP		
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bogott, Timothy R.	
2.3 STREET ADDRESS	12800 University Dr. Ste 260	
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Teresa Zagaria	
3.3 STREET ADDRESS	12800 University Dr. Ste 260	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Taylor, President 1/19/99

Date

Daytime Phone #

(941) 481-5600

CR2E034 (11/98)