FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000001224 (5)

LEWMAR MARINE, INC.

Principal Place of Business

351 NEW WHITFIELD ST.

Mailing Address

P.O. BOX 308

FILED Jan 30 1998 8:00am Secretary of State



GUILFORD CT 06437 GUILFORD CT 08437 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/04/1993 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 21 06-0918087 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 🔀 Yes ☐ No 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1202 HAYS STREET, SUITE 105 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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 chango 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) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE RESIDENT TITLE 1.1 TOTAL BLANTON RANDOLPH LYMAN, DOUG CR2E034 1.2 NAME NAME 351 NEW WHITFIELD ST 351 NEW WHITFIELD ST 1.3 STREET ADDRESS STREET ADDRESS GUILFURD, CT 06437 **GUILFORD CT 06437** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition □ D€LFTE DIRECTUR 21 TO 16 TITLE SIMON HARTLEY 351 NEW WHITFIELD ST. FLETCHER, ALAN 2.2 NAME NAME 351 NEW WHITFIELD ST 2.3 STREET ADDRESS STREET ADDRESS SECRETARY OF TREASURER Change HELEN HOLT **GULFFORD CT** 2. 4 CITY-ST-ZIP CITY-ST-ZIP N DELETE 3.1 TITLE TITLE LAW, ROBERT 3.2 NAME NAME 351 NEW WHITFIELD ST. 351 NEW WHITFIELD ST 3.3 STREET ADDRESS STREET ADDRESS GUILFURD, CT 06437 **GULFFORD CT** 3.4. CHTY - ST - ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE Addition | TITLE FISHER, IAN 4. 2 NAME NAME 351 NEW WHITFIELD ST 4.3 STREET ADDRESS STREET ADDRESS **GULFFORD CT** 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 UHE TITLE FISHER, ANDREW 5.2 NAME NAME 351 NEW WHITFIELD ST 5.3 STREET ADDRESS STREET ADDRESS **GULFFORD CT** 5.4 CITY - \$1 - 2IP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE HARTLEY, SIMON NAME 6.2 NAME 351 NEW WHITFIELD ST 6.3 STREET ADDRESS STREET ADDRESS **GULFFORD CT** 6.4 CITY - ST - ZIP 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 eath; 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.