## 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 # F9400004063 (3)

MARIDIAN MARINE TRANSPORT INC.

Principal Place of Business 4355 N.E. HYLINE DRIVE JENSEN BEACH FL 34957

Mailing Address

## **FILED** Feb 05 1998 8:00am Secretary of State



4355 N.E. HYLINE DRIVE JENSEN BEACH FL 34957 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0480975 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WEDEMEYER, EARLE B 4355 NE HYLINE DR. 82 Street Address (P.O. Box Number is Not Acceptable) JENSEN BEACH FL 34957 83 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSDM DELETE TITLE 1.1 TITLE Change Addition WEDEMEYER, EARLE B NAME 1.2 NAME 4355 N.E. HYLINE DR. STREET ADDRESS 1.3 STREET ADDRESS JENSEN BEACH FL 34957 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 2.1 TITLE ☐ Change \_\_\_ Addition TITLE WEDEMEYER, ROBIN D NAME 2.2 NAME 4355 N.E. HYLINE DR. STREET ADDRESS 2.3 STREET ADDRESS JENSEN BEACH FL 34957 CITY - ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition □ DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE: 🔼

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME STREET ADDRESS

DELETE

N1-30-98 N561-334-2063

Change

Addition

CR2E034 (10/97