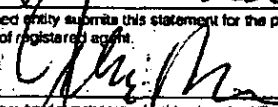
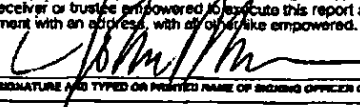


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-26-2004 91043 020 ****61.25

DOCUMENT # F98000001126																											
1. Entity Name GULF MARINE INSTITUTE OF TECHNOLOGY, INC.																											
Principal Place of Business 3881 PARADISE BAY DRIVE GULF BREEZE, FL 32561		Mailing Address P.O. BOX 6211 GULF BREEZE, FL 32562																									
2. Principal Place of Business 20 Daniel Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box 776 Suite, Apt. #, etc.																									
City & State Gulf Breeze, FL Zip 32561 Country U.S.A.		City & State Gulf Breeze, FL Zip 32562-0776 Country U.S.A.																									
4. FEI Number 31-1475321		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ERICSSON, JOHN D 3881 PARADISE BAY DRIVE GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent ERICSSON, JOHN D 3881 PARADISE BAY DRIVE GULF BREEZE, FL 32561																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																											
SIGNATURE  (NOTE: Registered Agent signature is required when registering)																											
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																											
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
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12. 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 report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer or trustee empowered.																											
SIGNATURE: 		04/01/04 850-934-2782																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									