FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G04967** **(7)**

1. Corporation Name

MARINA PARK 2J, INC.

Principal Place of Business	Mailing Address
2324 KENT P.O. BOX 06025 FT. MYERS FL 33907 US	PO BOX 60025 P.O. BOX 06025 FT. MYERS FL 33906 US

3. Date Incorporated or Qualified: **10/19/1982**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2275337** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2324 KENT AVE	26 2324 KENT AVE
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 FT. MYERS, FL.	28 FT. MYERS, FL.
24 Zip 33907 / 25 Country USA	29 Zip 33907 / 30 Country USA

9. Name and Address of Current Registered Agent

ROBERTS, G W
2324 KENT AVE
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 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: G. W. Roberts G.W. ROBERTS 4-3-96
Signature, Typed or Printed Name of Registered Agent and Title, if applicable — Date — Registered Agent's Signature, required if item 10 is changed

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, G W		1.2 NAME	
STREET ADDRESS	2324 KENT		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	
TITLE	PT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, G W		2.2 NAME	
STREET ADDRESS	2324 KENT		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, MARK D		3.2 NAME	
STREET ADDRESS	2324 KENT		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Gladys W. Roberts, Pres. G.W. ROBERTS 4-3-96 941-936-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)