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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G20816** **(6)**

1. Corporation Name
PHANCO MARINE, INC.

Principal Place of Business	Mailing Address
2961 NE 27TH AVE ~~PO BOX 5339~~ LIGHTHOUSE POINT FL 33064 US	2961 NE 27TH AVE ~~PO BOX 5339~~ LIGHTHOUSE POINT FL 33064-8174 US

3. Date Incorporated or Qualified: 01/28/1983
3a. Date of Last Report: 04/01/1996
4. FEI Number: 59-2260788 ☐ 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 3896 N. Federal Hwy	26 14346-C Harbour Lndgs
22 Suite, Apt. #, etc. Kmc Bldg.	27 Suite, Apt. #, etc. ~~Ft. Myers~~
23 City & State LIGHTHOUSE POINT FL	28 City & State Ft. Myers, FL
24 Zip 33064 25 Country US	29 Zip 33908 30 Country US

9. Name and Address of Current Registered Agent
KNISKERN,PHILIP N.
~~2961 N.E. 27 AVENUE~~
~~LIGHTHOUSE POINT FL 33064~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **Philip N. Kniskern**
14346-C Harbour Landings Drive
84 City **Ft. Meyers, Florida 33908** **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: [signature] (NOTE: Registered Agent signature required when reinstating) DATE: March 17 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNISKERN, PHILIP N. 2961 N.E. 27 AVENUE LIGHTHOUSE POINT FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Philip N. Kniskern 14346-C Harbour Landings Drive Ft. Meyers, Florida 33908 ☒ Change ☐ Addition Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KNISKERN, ANNE C. 2961 N.E. 27 AVENUE LIGHTHOUSE POINT FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	STD Anne C. Kniskern 14346-C Harbour Landings Drive Ft. Meyers, Florida 33908 ☒ Change ☐ Addition Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 added on an attachment with an address.

SIGNATURE: [signature] 3/17/97 941-550-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #