SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 20, 1998 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # G32911 (1)

1. Corporation Name
LANCASTER MARINE ENTERPRISES INCORPORATED

Principal Place of Business	Mailing Address
3650 EAST LAKE DRIVE LAND O'LAKES FL 34639	3650 EAST LAKE DRIVE LAND O'LAKES FL 34639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1983

2. Principal Place of Business 21 4627 LIMIT DRIVE	2a. Mailing Address 26 P.O. Box 271304
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NEW PORT RICHEY FL	City & State 28 TAMPA FL
Zip / Country 24 34652 / 25 USA	Zip / Country 29 33688 / 30 USA

4. FEI Number: NOT APPLICABLE — 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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LANCASTER, BRIAN MR.
3650 E LAKE DR
LAND O'LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name: LANCASTER BRIAN
82 Street Address (P.O. Box Number is Not Acceptable): 4627 LIMIT DRIVE
83
84 City: NEW PORT RICHEY FL 85 Zip Code: 34652

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 _____ DATE
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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LANCASTER, BRIAN MR ~~3650 E LAKE DR~~ ~~LAND O'LAKES, FL 00000~~ ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 4627 LIMIT DRIVE NEW PORT RICHEY FL 34652
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE 4627 LIMIT DRIVE NEW PORT RICHEY FL 34652	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
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 10700
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 200002594442 -07/21/98--01092--018 ***150.00

CR2E034 (5/98)

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.

SIGNATURE: [signature] BRIAN LANCASTER — July 8TH 1998 — 8138479344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #