FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 10:56

DOCUMENT # **G36586** **(7)**

1. Corporation Name
FLORIDA MARINE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3801 S FEDERAL HWY STUART FL 34997	3801 S FEDERAL HWY STUART FL 34997

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/27/1983**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2336214** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAMBERLAIN, WILLIAM A.
3801 S FEDERAL HWY
STUART FL 34997

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 _____ DATE
(Signature required for printed name of registered agent and filing application) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVT	11 TITLE	P P T	☑ Change ☐ Addition
NAME	CHAMBERLAIN, WILLIAM A.	12 NAME	WILLIAM A. CHAMBERLAIN	
STREET ADDRESS	3801 S FEDERAL HWY	13 STREET ADDRESS	3801 S. FEDERAL HIGHWAY	
CITY ST ZIP	STUART FL	14 CITY ST ZIP	STUART, FLA 34997	
TITLE	SD	21 TITLE	D S V	☑ Change ☐ Addition
NAME	CHAMBERLAIN, WILLIAM F.	22 NAME	WILLIAM F. CHAMBERLAIN	
STREET ADDRESS	3801 S FEDERAL HWY	23 STREET ADDRESS	3501 S FEDERAL HIGHWAY	
CITY ST ZIP	STUART FL	24 CITY ST ZIP	STUART, FLA. 34997	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: _____ William F. Chamberlain Sec. 3/28/95 (407)283-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0381983 CP