

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 09 1996 8:00 am
Secretary of State

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**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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3. Date Incorporated or Qualified

04/27/1983

3a. Date of Last Report

03/31/1995

4. FEI Number

59-2336214

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. 199.03?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DPT
CHAMBERLAIN, WILLIAM A.**
STREET ADDRESS **3801 S FEDERAL HWY**
CITY - ST - ZIP **STUART FL**

11 TITLE ☐ Change ☐ Addition

NAME **CHAMBERLAIN, WILLIAM F.**

STREET ADDRESS **3801 S FEDERAL HWY**
CITY - ST - ZIP **STUART FL**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD
CHAMBERLAIN, WILLIAM F.**
STREET ADDRESS **3801 S FEDERAL HWY**
CITY - ST - ZIP **STUART FL**

21 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

32 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

42 NAME ☐ Change ☐ Addition

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Chamberlain, President

Date

Typed Name

CR2E034 (3/96)