

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # **G36586** (7)
1. Corporation Name
FLORIDA MARINE ENTERPRISES, INC.



Principal Place of Business
**3801 S FEDERAL HWY
STUART FL 34997**

Mailing Address
**3801 S FEDERAL HWY
STUART FL 34997-4996**

3. Date Incorporated or Qualified
04/27/1983

3a. Date of Last Report
07/09/1996

2. Principal Place of Business
21 **2445 SE Federal Hwy.**

2a. Mailing Address
26 **2445 SE Federal Hwy.**

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 **Stuart, FL 34994**

City & State
28 **Stuart, FL 34994**

Zip
24 **34994**

Country
25 **Martin**

Zip
29 **34993**

Country
30 **Martin**

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. 199.032,
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)
2445 Se Federal Hwy. Stuart FL 34994
83
84 City **Stuart** **FL** 85 Zip Code **34994**

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 title if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPT** ☐ DELETE

NAME **CHAMBERLAIN, WILLIAM A.**

STREET ADDRESS **3801 S FEDERAL HWY**

CITY-ST-ZIP **STUART FL**

TITLE **SD** ☐ DELETE

NAME **CHAMBERLAIN, WILLIAM F.**

STREET ADDRESS **3801 S FEDERAL HWY**

CITY-ST-ZIP **STUART FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS **2445 SE Federal Hwy.**

14 CITY-ST-ZIP **Stuart, FL 34994**

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS **2445 SE Federal Hwy.**

24 CITY-ST-ZIP **Stuart, FL 34994**

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE *William A. Chamberlain* **CHAMBERLAIN, WILLIAM A.** PRES. 4-22-97

CR2E034 (9/96)