

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

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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G48164** (9)

1. Corporation Name
MARINER CAPITAL MANAGEMENT, INC.



Principal Place of Business
**13391 MCGREGOR BLVD..S.W.
#4
FT MYERS FL 33919
US**

Mailing Address
**13391 MCGREGOR BLVD..S.W.
#4
FT MYERS FL 33919-5979
US**

3. Date Incorporated or Qualified
07/11/1983

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2337910

Applied For
☐ Yes ☒ No

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
**21 12800 University Drive
Suite, Apt. #, etc.
22 Suite 675
City & State
23 Ft. Myers FL
Zip Country
24 33907 25**

2a. Mailing Address
**26 12800 University Drive
Suite, Apt. #, etc.
27 Suite 675
City & State
28 Ft. Myers FL
Zip Country
29 33907 30**

9. Name and Address of Current Registered Agent
**RAIMONDI, LAWRENCE A
13391 MCGREGOR BLVD
SUITE 4
FORT MYERS FL 33919**

10. Name and Address of New Registered Agent
**81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
12800 University Drive
83 Ste 675
84 City
Ft. Myers FL 85 Zip Code
33907**

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 *Lawrence A. Raimondi* **Lawrence A. Raimondi, President** 1/24/97
Signature of officer or director of corporation (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, R. M.		1.2 NAME	
STREET ADDRESS 15280 FIDDLESTICKS BOULEVARD		1.3 STREET ADDRESS	
CITY-ST-ZIP FORT MYERS FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOGOTT, TIM (CEO)		2.2 NAME	
STREET ADDRESS 12319 MCGREGOR WOODS CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP FORT MYERS FL		2.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAIMONDI, LAWRENCE A.		3.2 NAME	
STREET ADDRESS 431 ESTERO BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP FORT MYERS FL		3.4 CITY-ST-ZIP	
TITLE VST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLACKETER, JOE K.		4.2 NAME	
STREET ADDRESS 12800 UNIVERSITY DR #280		4.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Lawrence A. Raimondi* **Lawrence A. Raimondi** 1/24/97 (941) 481-2011
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)