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

APPROVED AND FILED
95 APR 28 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G84330** (1)

1. Corporation Name
HARBOR VIEW MARINA, INC.

Principal Place of Business	Mailing Address
1220 MAHOGANY MILL ROAD PENSACOLA FL 32507	1220 MAHOGANY MILL ROAD PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/13/1984**
3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2378066** ☐ 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

HART, ROBERT D.
125 W. ROMANA
SUITE 800
PENSACOLA FL 32501

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, 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	S	1.1 TITLE		☒ Change ☐ Addition
NAME	MOORE, CALVIN B.	1.2 NAME	DELETED	
STREET ADDRESS	1622 STAR LAKE PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	VIRGIN, LINDA S.	2.2 NAME		
STREET ADDRESS	10346 COUNTY RD 99	2.3 STREET ADDRESS		
CITY-ST-ZIP	LILLIAN AL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	SECRETARY/TREASURER	☒ Change ☐ Addition
NAME	VIRGIN, WILLIAM B., JR.	3.2 NAME		
STREET ADDRESS	10346 COUNTY RD 99	3.3 STREET ADDRESS		
CITY-ST-ZIP	LILLIAN AL	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE	DELETED	☒ Change ☐ Addition
NAME	WATSON, JOHN BUCKIN, HAM	4.2 NAME		
STREET ADDRESS	3029 BAY STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: X Wm B. Virgin, Jr. Treasurer X 4/13/95 X 904 453-2435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William B. Virgin, Jr.

000961 CP