FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **02/13/1984**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business (21) — Suite, Apt. #, etc. — 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: Linda S. Virgin — DATE: Jan 26, 1996

(NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☒ DELETE	1.1 TITLE	VP/Treasurer	☐ Change ☒ Addition
NAME	MOORE, CALVIN B.		1.2 NAME	Virgin, William B	
STREET ADDRESS	1622 STAR LAKE PLACE		1.3 STREET ADDRESS	10346 County Rd 99	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	Lillian AL 36549	
TITLE	PRES	☐ DELETE	2.1 TITLE	Pres/Sec	☒ 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	36549	
TITLE	P	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, JOHN BUCKIN, HAM		3.2 NAME		
STREET ADDRESS	3029 BAY STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Linda S. Virgin LINDA S. VIRGIN 1/26/96 904 453-3435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #