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 19 PM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G86462 (0)

1. Corporation Name

MARINATOWN DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
3440 MARINA TOWN LANE NORTH FT. MYERS FL 33903	3440 MARINA TOWN LANE NORTH FT. MYERS FL 33903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/27/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 6121 River Shore Ct.	26 6121 River Shore Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 North Fort Myers Fl	City & State 28 North Fort Myers, Fl.
Zip / Country 24 33917 / 25 Lee	Zip / Country 29 33917 / 30 Lee

4. FEI Number: 59-2405744 — ☐ 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
HOOLIHAN,THOMAS P. 3440 MARINATOWN LANE NORTH FORT MYERS FL 33903	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 6121 River Shore Court 83 84 City: North Fort Myers FL 85 Zip Code: 33917

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 Thomas P Hoolihan — Thomas P. Hoolihan — 4-13-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	HOOLIHAN, THOMAS P.	1.2 NAME	
STREET ADDRESS	3440 MARINATOWN LANE	1.3 STREET ADDRESS	6121 River Shore Court
CITY-ST-ZIP	NORTH FT MYERS FL	1.4 CITY-ST-ZIP	North Fort Myers, Fl. 33917
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: Thomas P Hoolihan — Thomas P. Hoolihan — 4/13/95 — 813-543-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR1E704 CP