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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90023 035 ***150.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G93876 1. Corporation Name

STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and a officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or on an attachment with an address with the corporation of the corporation or the receiver or trustee empowered.

CITY-ST-ZIP

NAUTICAL RESEARCH, INC.

| Principal Place | of Business | | Mailing Address | | | | | |
|---|---|---|---|--|---|--|---|------------------------------|
| C/O KENNETH . | J. LOHN | | C/O KENNETH J. LOHN | | | | · | |
| 500 BAY DRIVE SOUTH BRADENTON FL 34217 | | 500 BAY DRIVE SOUTH | | | DO NOT WRITE IN THIS SPACE | | | |
| BRADENTON FL | . 34217 | | BRADENTON FL 34217 | | | Date Incorporated or Qualifed | | |
| | | | | | | 03/29/1984 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | | 4. FEI Number | Ap | plied For | |
| Principal Place of Business The state of Business The state of Business | | — | 26 | | 59-2408303 | No | t Applicable | |
| Suite, Apt. # | # etc | | Suite, Apt. #, etc. | | | | \$8.75 / | Additional |
| 22 | ., 0.0. | | 27 | | | 5. Certifcate of Status Desired | Fee Re | quired |
| City & State |) | | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | | 28 | | | Trust Fund Contribution | Added t | o Fees |
| Zip | | Country | Zip | | | 8. This corporation owes the current | | Y |
| 24 | 25 | | 29 | 30 | | Personal Property Tax. | □ Yes | No |
| | 9. Name and | d Address of Curre | nt Registered Agent | | | 10. Name and Address of New Regi | stered Agent | |
| | | | 50° | | 81 Name | | | |
| | n, Kenneth | | • | | 82 Street | Address (P.O. Box Number is Not Acceptable) |) | |
| | BAY DRIVE SO | | | | | | | 4 10 1 1 1 |
| BRAL | DENTON BCH | FL 34217 | | | 83 | | | |
| | | | • | | 84 City | | 85 Zip (| Code |
| | | | | | ' ' | | FL | |
| | to the provisions | of Sections 607.05 | 02 and 607.1508; Florida Sta | tutes, the | hove-named | corporation submits this statement for the purp | pose of changing its e appointment as re | registered gistered |
| 11. Pursuant t | | 1 . 4b . 1 4b . Ot-to | f Flacida Cuab abanga wa | a authorida | by the corr | | | g |
| 11. Pursuant to | egistered agent, m familiar with. | or both, in the State and accept the obliga | of Florida. Such change was ations of, Section 607.0505. | s authorized Florida | by the corp ites. | oration's board of directors. Thereby accept the | , | } |
| 11. Pursuant to office or real agent. I ar | egistered agent, m familiar with, // E / / / | or both, in the State and accept the obliga | of Florida. Such Mange was ations of, Section 607.0505. | s authorized Florida state | by the corp ites. | corporation submits this statement for the pur oration's board of directors. I hereby accept th | 19 | |
| SIGNATURE | KENNE | rinted name of registered ago | ent and title if epplicable. | OTE: Registered | w. | required when reinstating) | DATE . | |
| SIGNATURE | Signature, typed or pr | rinted name of registered ago | ent and title if applicable. ND DIRECTORS | OTE: Registered | Agent signature | | ONTE ERS AND DIRECTO | |
| SIGNATURE | Signature, typed or pr | inted name of registered ago OFFICERS A | ent and title if epplicable. | OTE: Registered | Agent signature | required when reinstating) | DATE . | |
| SIGNATURE | Signature, typed or pr | of Ficers A | ent and title if applicable. ND DIRECTORS | OTE: Registered 13. 1.1 TO | Agent signature | required when reinstating) | ONTE ERS AND DIRECTO | |
| SIGNATURE 12. TITLE | Signature, typed or pr P LOHN, KENN 500 BAY DR | OFFICERS A NETH J. AVE SOUTH | ent and title if applicable. ND DIRECTORS | 13. 1.1 TI 1.2 NA 1.3 ST | Agent signature TLE AME TREET ADDRESS | required when reinstating) | ONTE ERS AND DIRECTO | |
| SIGNATURE 12. TITLE NAME | Signature, typed or pr P LOHN, KENN 500 BAY DR | of Ficers A | ent and title if Applicable. ND DIRECTORS DELETE | 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT | Agent signature TLE AME REET ADDRESS TY-ST-ZIP | required when reinstating) | ERS AND DIRECTO | DRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or pr P LOHN, KENN 500 BAY DR | OFFICERS A NETH J. AVE SOUTH | ent and title if applicable. ND DIRECTORS | 13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI | Agent signature TLE MME REET ADDRESS TY-ST-ZIP TLE | required when reinstating) | ONTE ERS AND DIRECTO | |
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| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or pr P LOHN, KENN 500 BAY DR | OFFICERS A NETH J. AVE SOUTH | ent and title if Applicable. ND DIRECTORS DELETE | OTE: Registered 13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA | Agent signature TLE MME REET ADDRESS TY-ST-ZIP TLE | required when reinstating) | ERS AND DIRECTO | DRS IN 12 |
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6.3 STREET ADDRESS

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in other like empowered.

J. LOHN

6.4 City-ST-ZIP