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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H54638** **(2)**

1. Corporation Name

MULFORD MARINE AND YACHT SALES, INC.

Principal Place of Business

3365 S.E. DIXIE HWY
STUART FL 34997
US

Mailing Address

P.O. BOX 396
PORT SALERNO FL 34992

3. Date Incorporated or Qualified: **04/29/1985**

3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business — 21 / 22 / 23 / 24 / 25

2a. Mailing Address — 26 / 27 / 28 / 29 / 30

4. FEI Number: **59-2530424** ☐ 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

MALCOLM & ASSOCIATES
~~2431 S.E. DIXIE HWY~~ 10 SE CENTRAL PKY STE 305
STUART FL 34996 STUART, FL 34994

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 (New Registered Agent Signature) DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LENTINE, LOUIS F.
STREET ADDRESS 4307 S.E. MULFORD LN.
CITY-ST-ZIP PORT SALERNO FL 34992
☐ DELETE

TITLE VP
NAME LENTINE, GREGORY E.
STREET ADDRESS 3365 SE DIXIE HWY
CITY-ST-ZIP STUART FL
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

*1 TITLE / *2 NAME / *3 STREET ADDRESS / *4 CITY-ST-ZIP — ☐ Change ☐ Addition

2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP — ☐ Change ☐ Addition

3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP — ☐ Change ☐ Addition

4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP — ☐ Change ☐ Addition

5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP — ☐ Change ☐ Addition

6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP — ☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate, that this electronic 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 attached sheet, with my address.

SIGNATURE: Louis F. Lentine 1-15-95 407 221 3307

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