## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## **FILED** Apr 13 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H64679 RICHARD'S MARINE, INC. Principal Place of Business Mailing Address 9535 NORTH U.S. 1 P.O. BOX 686 WABASSO FL 32970 WABASSO FL 32970 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1985 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 91-0000953 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CLEM. CHESTER ESQ. Suite 501. Univest BLDG. Street Address (P.O. Box Number is Not Acceptable) 2770 INDIAN RIVER BLVD. 83 VERÓ BEACH FL 32960 84 City 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. Signature, typed or printers rame of registered agent and tits if applicable INOTE Registered Agent signature required when reinstalling). 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TOLE PHILO, RICHARD A NAME 1.2 NAME 9535 N. US 1 STREET ADDRESS 1.3 STREET ADDRESS WABASSO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP PST DELETE Change Addition TITLE 21 THEF PHILO, SHERRI L NAME 2.2 NAME 9535 N. US 1 STREET ADDRESS 2.3 STREET ADDRESS WABASSO FL CITY-ST-7IP 2.4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY-ST-Z)P DELE 11 Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - 7(P 4.4 CITY - ST - 7/P DELETE Change TITLE 51 TOLE Addition NAME 52 NAME STREE1 ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IP DELETE 6 1 TITLE Change Addition TITLE

14. I hereby certify that the information supplied with this filing 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

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

SIGNATURE

CITY-ST-7IP