


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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90135 043 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H93125</b>					
1. Corporation Name <b>MARINE PARTS, INC.</b>					
Principal Place of Business <b>2600 MCCORMICK DR. SUITE 155 CLEARWATER FL 33759</b>			Mailing Address <b>2600 MCCORMICK DR. SUITE 155 CLEARWATER FL 33759</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>5170 126<sup>th</sup> AV. N</b>		26 <b>5170 126<sup>th</sup> AV. N.</b>		01/07/1986	
22 <b>Clearwater</b>		27		4. FEI Number	
23 <b>Clearwater FL</b>		28 <b>Clearwater FL</b>		59-2627618	
24 <b>33760</b>		29 <b>33760</b>		5. Certificate of Status Desired	
25 <b>FL</b>		30 <b>FL</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
26 <b>FL</b>		31 <b>FL</b>		6. Election Campaign Financing	
27 <b>FL</b>		32 <b>FL</b>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
28 <b>FL</b>		33 <b>FL</b>		8. This corporation owes the current year Intangible	
29 <b>FL</b>		34 <b>FL</b>		Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CHRISSINGER, JAMES 2600 MCCORMICK DR. SUITE 155 CLEARWATER FL 34619			81 Name <b>James L. Chrissinger</b>		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83 <b>320 Buttonwood Ln</b>		
			84 <b>Largo FL 33770</b>		
			85 Zip Code <b>FL</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>PDS</b>					
1.3 STREET ADDRESS <b>CHRISSINGER, JAMES</b>					
1.4 CITY-ST-ZIP <b>320 BUTTON WOOD LANE</b>					
1.5 CITY-ST-ZIP <b>LARGO FL</b>					
1.6 TITLE <input type="checkbox"/> DELETE					
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1.100 STREET ADDRESS					
1.101 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)