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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J07881

(2)

C. HUNTRESS MARINE, INC.

FILED Feb 05 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			4 1 1 1 1 1 1 1 1 1
, , , , , , , , , , , , , , , , , , , ,		PO BOX 4476			
STE A P		P. O. BOX 4476			
		FT. PIERCE FL 34948		DO NOT WRITE IN THIS	S SPACE
US		U\$		3. Date Incorporated or Qualified	
O Principal P	loss of Dusings	Go Mailine Astrono		04/07/1986	
	lace of Business	2a. Mailing Address		4. FEI Number F0-2650672	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2650673	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29 3	10	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	d Agent
WE	LLS, RAYMOND K., III		81 Name		
920 20TH AVENUE			82 Street Add	ress (P.Q. Box Number is Not Acceptable)	
VERO BEACH FL 32960			Jaz Olicet Addi	reas (1). Dox Number is not Acceptable)	
			83		
			84 City		lor 7% Code
			84 City	FI	L 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					
	Signature, typed or printed name of registered age		Registered Agent signature requir		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	7 24/71 LO 10 A3/14/04/10 17 10	DELETE	1.1 TITLE		Change Addition
NAME	WELLS, RAYMOND K III		1.2 NAME		
STREET ADDRESS	920 20TH AVE		1.3 STREET ADDRESS		
CiTY-ST-ZiP	VERO BEACH FL VP		1.4 CITY-ST-ZIP		
TITLE	- ·	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WELLS, KAREN RITA		2.2 NAME		
STREET ADDRESS	920 20TH AVE		2.3 STREET ADDRESS		f
City-St-ZiP	VERO BEACH FL		2. 4 CITY~ST~ZIP	, ; s ;	
TITLE	S DATTE CLADIE CTETTA	DELETE .	3.1 TITLE		☐ Change ☐ Addition
NAME	BATTES, CLARIE STETTA		3.2 NAME		
STREET ADDRESS	1826 9TH PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		3.4. CITY-ST-ZIP		
TITLE	I ATTANITI DENNIO	DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME	LATTANZI, DENNIS		4. 2 NAME		
STREET ADDRESS	P.O. BOX 4476		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL		4,4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP		[] DELETE	5.4 CITY - ST - ZIP		Change T A Janu
TITLE		F-T DEFETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		

4. I hereby certify that the information supplied with this filling 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 or an attachment with an address.

SIGNATURÉ:

ANA PAGROOF WEED III

1/30/98 (561)461-3993