FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J08006** **(5)**

1. Corporation Name

MARINER SQUARE MARINA, INC.

Principal Place of Business

989 N. A1A #5
PO BOX 034002
INDIALANTIC FL 32903

Mailing Address

989 N. A1A #5
PO BOX 034002
INDIALANTIC FL 32903

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

3. Date Incorporated or Qualified: **04/07/1986**

3a. Date of Last Report: **04/07/1995**

4. FEI Number: **59-2825199** 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

COLEMAN, J. H.
989 N. A1A #5
INDIALANTIC FL 32903

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 Section 607.0505 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 _____ Date

12. OFFICERS AND DIRECTORS

TITLE	**STD**	☐ DELETE
NAME	**MCWILLIAMS, JOAN**	
STREET ADDRESS	**1790 HIGHWAY A1A**	
CITY-ST-ZIP	**SATELLITE BEACH FL**	
TITLE	**PD**	☐ DELETE
NAME	**COLEMAN, JAMES**	
STREET ADDRESS	**989 N. A1A**	
CITY-ST-ZIP	**INDIALANTIC FL**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
1a NAME		
1b STREET ADDRESS		
1c CITY-ST-ZIP		
2 TITLE	☐ Change	☐ Addition
2a NAME		
2b STREET ADDRESS		
2c CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
3a NAME		
3b STREET ADDRESS		
3c CITY-ST-ZIP		
4 TITLE	☐ Change	☐ Addition
4a NAME		
4b STREET ADDRESS		
4c CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
5a NAME		
5b STREET ADDRESS		
5c CITY-ST-ZIP		
6 TITLE	☐ Change	☐ Addition
6a NAME		
6b STREET ADDRESS		
6c CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is complete, current and does not omit, for the exemptions stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental addendum 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 business entity required to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: J.H. Coleman 3-14-96 407 768 2468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
J.H. Coleman