

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J21021 (7)

1. Corporation Name

PERMA MARINE, INC.



Principal Place of Business

Mailing Address

504 CENTER ROAD  
FT MYERS FL 33407  
US

504 CENTR ROAD  
FT MYERS FL 33907  
US

2. Principal Place of Business

21 3706 MERCANTILE AVE

2a. Mailing Address

26 3706 MERCANTILE AVE

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

23 NAPLES FL

City & State

28 NAPLES FL

Zip

24 34104

Country

25 USA

Zip

29 34104

Country

30 USA

3. Date Incorporated or Qualified

06/25/1986

3a. Date of Last Report

08/11/1995

4. FEI Number

59-2814316

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. 190.032,  
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK, JOHN H  
7181 COLLEGE PARKWAY #30-130  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

FRAN KOEBERT

82 Street Address (P.O. Box Number is Not Acceptable)

8779 EXETER

83

84 City

FT MYERS

FL

85 Zip Code

33907

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

FRAN KOEBERT - PRES

24 JUN 96

(Signature of the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.)

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KOEBERT, FRAN

STREET ADDRESS 8779 EXETER

CITY - ST - ZIP FT MYERS FL

TITLE V ☐ DELETE

NAME KOEBERT, LINDA

STREET ADDRESS 8779 EXETER

CITY - ST - ZIP FT MYERS FL

TITLE ST ☐ DELETE

NAME REDD, KIM

STREET ADDRESS 8779 EXETER

CITY - ST - ZIP FT MYERS 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

33907

21 TITLE ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

33907

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

3720 17TH AVE S.W.  
NAPLES FL 33964

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FRAN KOEBERT - PRES

24 JUN 96

941-643-3070

CR2E034 (3/96)