

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J45586 (1)

1. Corporation Name

SOUTHEAST MARINE INCORPORATED

Principal Place of Business

**% ROBERT O. BARATTA
P O BOX 2274
STUART FL 34996**

Mailing Address

**% ROBERT O. BARATTA
P O BOX 2274
STUART FL 34996**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/05/1986

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2749455

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

2. Principal Place of Business

21 2100 SE Ocean Blvd.

Suite, Apt. #, etc.

22 Suite 202

City & State

23 Stuart FL

Zip

24 34996

Country

2a. Mailing Address

26 P.O. Box 2274

Suite, Apt. #, etc.

27

City & State

28 Stuart FL

Zip

29 34995

Country

30 Martin

9. Name and Address of Current Registered Agent

**BARATTA, ROBERT O.
21 SE HARBOR POINT DRIVE
STUART FL 34996**

10. Name and Address of New Registered Agent

81 Name

82 Mortell, Edwin E. III

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

2100 SE Ocean Blvd.

83

Suite 202

84 City

Stuart

FL

85 Zip Code

34996

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Edwin E. Mortell III

Edwin E. Mortell III

3/15/95

(NOTE: Registered Agent signature required when restate)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARATTA, ROBERT O
STREET ADDRESS	21 SE HARBOR POINT DR
CITY - ST - ZIP	STUART FL
TITLE	VPD
NAME	BARATTA, GREGG
STREET ADDRESS	21 SE HARBOR POINT DR
CITY - ST - ZIP	STUART FL
TITLE	VPD
NAME	BARATTA, SCOTT
STREET ADDRESS	21 SE HARBOR POINT DR
CITY - ST - ZIP	STUART FL
TITLE	SD B
NAME	ARATTA, CAROL
STREET ADDRESS	21 SE HARBOR POINT DR
CITY - ST - ZIP	STUART FL
TITLE	TD
NAME	MORTELL, MELISSA A
STREET ADDRESS	21 SE HARBOR POINT DR
CITY - ST - ZIP	STUART FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	Stuart FL	34996
2.1 TITLE	V/D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	Stuart FL	34996
3.1 TITLE	V/D	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	Stuart FL	34996
4.1 TITLE	S/D	☒ Change ☐ Addition
4.2 NAME	Baratta, Carol	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP	Stuart FL	34996
5.1 TITLE	T/D	☒ Change ☐ Addition
5.2 NAME	Mortell, Melissa A.	
5.3 STREET ADDRESS	417 Krueger Parkway	
5.4 CITY - ST - ZIP	Stuart FL	34996
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert O. Baratta

Robert O. Baratta

4/4/95

407-287-6151

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)