

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 # J63746 (8)

1. Corporation Name

PERMA MARINE DISTRIBUTORS, INC.



Principal Place of Business

Mailing Address

504 CENTER ROAD
FT MYERS FL 33907
US

504 CENTER ROAD
FT MYERS FL 33907
US

3. Date Incorporated or Qualified
03/26/1987

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 3706 MERCANTILE AVE

26 3706 MERCANTILE AVE

4. FEI Number

Applied For

59-2804772

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

City & State

23 NAPLES FL

City & State

28 NAPLES FL

Zip

24 34104

Country

25 USA

Zip

29 34104

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 officer, director, or registered agent and date (if applicable) (Date) (Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME KOEBERT, FRAN
STREET ADDRESS 8779 EXETER
CITY - ST - ZIP FT. MYERS FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP 33907

☐ Change ☒ Addition

TITLE V
NAME KOEBERT, LINDA
STREET ADDRESS 8779 EXETER
CITY - ST - ZIP FT MYERS FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP 33907

☐ Change ☒ Addition

TITLE ST
NAME REDD, KIM
STREET ADDRESS 8779 EXETER
CITY - ST - ZIP FT MYERS FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 3720 17TH AVE S.W.
3.4 CITY - ST - ZIP NAPLES FL 33964

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

941-436-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/96)