FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
FILED

DOCUMENT # **J85497** **(2)**

1. Corporate Name
MARINEX CORP.

Principal Place of Business
4516 APPLETON AVE.
JACKSONVILLE FL 32210

Mailing Address
4516 APPLETON AVE.
JACKSONVILLE FL 32210

FOR OFFICE USE ONLY

3. Date Incorporated or Qualified: **07/31/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: **59-2831781**
Applied For
Not Applicable

State Agent #
22
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City, State
23
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 25 29 30

9. This corporation has a class of securities registered under Section 12 of the Securities Exchange Act of 1934 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHANTY, THOMAS
4516 APPLETON AVE.
JACKSONVILLE FL 32210

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 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. The corporation is currently a Florida corporation and its name is stated in paragraph 1. Having accepted the appointment as registered agent, I am familiar with and hereby accept the duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 14.
TITLE	PDT	☐ Change ☐ Addition
NAME	SHANTY, THOMAS	
STREET ADDRESS	4516 APPLETON AVE.	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE	SVD	☐ Change ☐ Addition
NAME	SHARROW, MICHAEL	
STREET ADDRESS	4516 APPLETON AVE.	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. The undersigned, being the President and Director of the corporation named in Section 1 of this Annual Report, hereby certifies that the information contained in this Annual Report, including any supplements, is true and accurate and that my signature shall have the same legal effect and validity as if made under oath, that I am a 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 of this report or is added by attachment or amendment.

8/8

SIGNATURE: THOMAS SHANTY 5-1-95 5720192
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR

001848 CP