ANNUAL REP	PROFIT DRPORATION NUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
OCUMENT	# K2133	1 (9)						
Corporation Name SNUG HARBO	our Marine, Inc. (OF PANAMA CITY			1 DEPLEMENTED THE THE PROPERTY HEALT WHEN	NATA KATATANI TARIKAT		
ncipal Place of Business	<u> </u>	Mailing Address						
221 MCKENZIE AVE. P. O. BOX 70 221 MCKENZIE AVE. P. O. BOX 70								
PANAMA CITY FL 324	02	PANAMA CITY FL 32	1402		3. Date Incorporated or Qualified 04/15/1988		of Last Rep 02/28/19	
Principal Place of Busin	ness	2a. Mailing Address			4. FEI Number 59-2892604			plied For of Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State		27 City & State 28	·		Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Country 25	Z(s)	Country 30	· · · · · · · · · · · · · · · · · · ·		as 🔲 No		99.032,
g, Nam	ne and Address of Current	Registered Agent	81	I Name	10. Name and Address of New	Registered	Agent	
HUTCHISON, J	ID ENWADN A		82		ress (P.O. Box Number is Not Accepte	able)		
			[02		1622 /t : (3) CON 14011 CO. 10 10 10 10 10 10 10 10 10 10 10 10 10			
221 MCKENZIE								
221 MCKENZIE PANAMA CITY	AVE.		83					
	AVE.		83	<u> </u>		FL	85 Zip	Code
PANAMA CITY	E AVE. FL 32402		es, the above	City	ration submits this statement for the pard of directors. Thereby accept the ap	FL purpose of cha pointment as		aigtored off
PANAMA CITY Pursuant to the provor registered agent, a familiar with, and accommunity.	FL 32402	n 607.0505. Florida Statutes	es, the above ed by the cors.	City named corpo poration's boa	est some filterestating	DATE	anging its re registered a	gistered offi agent. I an
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400001784894** -04/18/96--01009--045 ***200.00 6.4 CITY - ST - ZIP 14. If do hereby certify that the information supplied with this flung 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

6 1 THLE

6 2 NAME *

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE