FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION. Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (6)DOCUMENT # Corporation Name WATSON BAYOU MARINE, INC. Principal Place of Business Mailing Address 221 MCKENZIE AVENUE 221 MCKENZIE AVENUE P O BOX 1909 P O BOX 1909 PANAMA CITY FL 32402 PANAMA CITY FL 32402 3. Date Incorporated or Qualified 3a. Date of Last Report 11/17/1988 02/23/1995 4. FET Number 2. Principal Place of Business 2a. Malino Address Applied For 59-2924692 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HUTCHISON JR., EDWARD A. Street Address (P.O. Box Number is Not Acceptable) 82 221 MCKENZIE AVENUE 83 PANAMA CITY FL 32402 Zip Code 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 mange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the heliographs of Section 607.0505, Florida Statutes. John V. Lee resident SIGNATURE CR2E034 (12/95) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1 1 TITLE Change Addition LEE, JOHN V. NAME 1.2 NAME N 202, 2102 BEACH DR. STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL City-S1-2/P 1.4 CIPY - ST - ZIP ☐ Addition D۷ DELETE THE 2 1 THUE GANS, ROBERT 2.2 NAME NAM 7227 EMERSON DR STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL 24 CHY- \$1 - 7P CITY - ST - ZIP [] DELETE Change ☐ Addition 3 1 HHLF THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - S1 - ZIP C-TY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE 400001759564 03/27/95-01000-008 4.2 NAME NAM: STREET ADDRESS 4.3 STREET ADDRESS ****Z((() , ()() 4.4 City - S1 - ZiF CITY-ST-ZIP Change DELETE 5 1 HILE Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-S1-7IP 5 4 CITY - \$1 - 7IP DELETE 6. 1 TiTLE Change CaribbA 🔲 TRUE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 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. Further certify that the information indicated on this annual report or supplemental armual report is frue 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

SIGNATURE