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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # K51008

OFFSHORE LONGLINERS, INC.

FILED Jan 21 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address 5307 DEER RUN DR 5307 DEER RUN DR FT PIERCE FL 34951 FT PIERCE FL 34951 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0085493 26 21 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 Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. **√**Yes □No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REGINA C DUNN 5307 DEER RUN DR 82 Street Address (P.O. Box Number is Not Acceptable) FT PIERCE FL 34951 83 84 City Zip Code FI 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** Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE DUNN, REGINA 1.2 NAME NAME R2E034 5307 DEER RUN DR STREET ADDRESS 1.3 STREET ADDRESS FT. PIERCE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE DUNN, THOMAS BAKER NAME 2.2 NAME P.O. BOX 2741 NA STREET ADDRESS 2.3 STREET ADDRESS FT. PIERCE FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition **DUNN. REGINA** NAME 3.2 NAME P.O. BOX 2741 NA STREET ADDRESS 3 3 STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP 3 4. CITY - \$1 - ZIP DELETE Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 5614640856 Block 12 or Block 13 if changed, or on an attachment with an address.

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