FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03821 (0)

1. Corporation Name

ERIKSEN MARINE CONSTRUCTION, INC.

Principal Place of Business

C/O KENNETH ERIKSEN
~~P O BOX 1927~~
~~FLGLER BCH FL 32136~~

Mailing Address

C/O KENNETH ERIKSEN
~~P O BOX 1927~~
~~FLGLER BCH FL 32136~~

3. Date Incorporated or Qualified: 07/20/1989
3a. Date of Last Report: 03/03/1995

2. Principal Place of Business
21 2 Hargrove Grade
Suite, Apt. #, etc
22 Unit J
City & State
23 Palm Coast, FL
Zip
24 32137
Country
25

2a. Mailing Address
26 P.O. Box 352918
Suite, Apt. #, etc.
27
City & State
28 Palm Coast, FL
Zip
29 32135
Country
30

4. FEI Number: 59-2962588 — ☐ Applied For ☐ 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

9. **Name and Address of Current Registered Agent**

ERIKSEN, KENNETH
23 VILLAGE
FLGLER BCH FL 32136

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2 Hargrove Grade, Unit J
83
84 City Palm Coast FL 85 Zip Code 32137

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 ____________ DATE ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTS	☐ DELETE
NAME	ERIKSEN, KENNETH	
STREET ADDRESS	23 VILLAGE	
CITY - ST - ZIP	FLGLER BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	28 Hawks Lane	☒ Change ☐ Addition
1.2 NAME	Flagler Beach, FL 32136	
1.3 STREET ADDRESS	P.O. Box 352918	
1.4 CITY - ST - ZIP	Palm Coast, FL 32135-2918	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	400001863174	
5.4 CITY - ST - ZIP	-06/17/96--01020--046	
6.1 TITLE	***200.00	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

5/1/12

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Ken Eriksen — Date 4/30/96 — Daytime Phone # 445-7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR