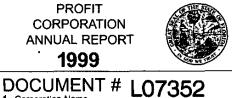
1. Corporation Name

CITY-ST-ZIP



Secretary of State DIVISION OF CORPORATIONS

FILED Mar 25, 1999 8:00 am FLORIDA DEPARTMENT OF STATE **Katherine Harris Secretary of State**

03-25-1999 90002 020 ***150.00

MOTOR VESSEL FISHERMANS PRIDE, INC. Principal Place of Business Mailing Address P. O. BOX 309 P. O. BOX 309 HIGHLAND VIEW HIGHLAND VIEW DO NOT WRITE IN THIS SPACE PORT ST JOE FL 32456 PORT ST JOE FL 32456 3. Date Incorporated or Qualifed 08/01/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3060243 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible □No ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RAFFIELD, DANNY LEE Street Address (P.O. Box Number is Not Acceptable) 82 **CANAL STREET** HIGHLAND VIEW PORT ST JOE FL FL 32456 Zip Code 84 City 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition TITLE DELETE 1,1 TITLE RAFFIELD, DANNY LEE 1,2 NAME NAME CANAL ST HIGHLAND VIEW 1.3 STREET ADDRESS STREET ADDRESS PORT ST JOE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE ١. 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby 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 Plack 13 of Plack 13 if paged as no graph the production of the corporation of the Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE NATURE AND TYPED OR PRINTED NAME

03/05/99

CR2E034 (11/98