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PROFIT CORPORATION ANNUAL REPORT

ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State

FILED Mar 27 1998 8:00am Secretary of State

1998 DIVISION OF CORPORATIONS DOCUMENT # L07355 (5)MOTOR VESSEL GULF RANGER, INC. Principal Place of Business Mailing Address CANAL STREET, HIGHLAND VIEW P.O. BOX 309 PORT ST JOE FL 32456 PORT ST JOE FL 32456 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/01/1989</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3060248 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 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAFFIELD. WILLIAM HAROLD CANAL STREET Street Address (P.O. Box Number is Not Acceptable) 82 HIGHLAND VIEW 83 PORT ST JOE FL FL 32456 84 City 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 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, typed or printed name of registered agent and title if applicable. (NOTL: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.171718 RAFFIELD, WILLIAM HAROLD NAME 1.2 NAME CR2E034 CANAL ST HIGHLAND VIEW STREET ADDRESS 1.3 STREET ADDRESS PORT ST JOE FL 32456 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change ___ Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAMÉ 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP □ DELÉTE Change ☐ Addition 5.1 TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address.

WILLIAM H RAFFIFID

U3/U3/U0

(850) 220-8220