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 # L74346

1. Corporation Name: LKL Marine Inc

Principal Place of Business: Mabile

Mailing Address: P.O Box 500741 Marathon Fl 33050

2. Principal Place of Business (21)	Mobile
Suite, Apt. #, etc. (22)	
City & State (23)	
Zip (24)	
Country (25)	
2a. Mailing Address (26)	P.O Box 500741
Suite, Apt. #, etc. (27)	
City & State (28)	Marathon Fl
Zip (29)	33050
Country (30)	U.S.A

3. Date Incorporated or Qualified: 3/29/1990
3a. Date of Last Report: 1995
4. FEI Number: 65-0192252 ☐ 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

10. Name and Address of New Registered Agent

81 Name: Jim Kline
82 Street Address (P.O. Box Number is Not Acceptable): 7200 Aveation Blvd
83
84 City: Marathon FL 85 Zip Code: 33050

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 X J Kline
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☒ DELETE
NAME	James W. Ladd	
STREET ADDRESS	P.O Box 6122	
CITY-ST-ZIP	Fort Wayne In 48616	
TITLE		☒ DELETE
NAME	Sandra K Ladd	
STREET ADDRESS	P.O Box 6122	
CITY-ST-ZIP	Fort Wayne In 48616	
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	President	☒ Change ☐ Addition
1 2 NAME	James T. Kline	
1 3 STREET ADDRESS	P.O Box 500741 7200 Aviation Blvd	
1 4 CITY-ST-ZIP	Marathon Fl - 33050	
2 1 TITLE	Secretary Treasurer	☒ Change ☐ Addition
2 2 NAME	Bernice F Kline	
2 3 STREET ADDRESS	P.O Box 500741 7200 Aviation Blvd	
2 4 CITY-ST-ZIP	Marathon Fl - 33050	
3 1 TITLE	director	☐ Change ☒ Addition
3 2 NAME	James W. Ladd	
3 3 STREET ADDRESS	P.O Box 6122 100 Wispering Oaks Ln	
3 4 CITY-ST-ZIP	Fort Wayne In - 48616	
4 1 TITLE	director	☐ Change ☒ Addition
4 2 NAME	Sandra Kay Ladd	
4 3 STREET ADDRESS	P.O Box 6122 100 Wispering Oaks Ln.	
4 4 CITY-ST-ZIP	Fort Wayne In 48616	
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS	000001851220	
5 4 CITY-ST-ZIP	-06/05/96--01015--009	
6 1 TITLE	***200.00	☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS	5-1-96	
6 4 CITY-ST-ZIP	AEB	

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: X J Kline — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 04/18/1996 — Daytime Phone #: 305-743-9041