FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 26, 2002 8:00 am Secretary of State DOCUMENT # .88403 1. Entity Name GIBSON MARINE CONSTRUCTION, INC. 02-26-2002 90016 047 ***150.00 Principal Place of Business Mailing Address 2931 BELCHER ROAD 2931 BELCHER ROAD PALM HARBOUR FL-SIGN DUNEDIN FL DUNEDIN.FL PALM HARBOUR FL 34600 34698 2. Principal Place of Business 3. Mailing Address 2931 Aelcher Rd 2931 Belcher Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0215108 SUPEDIN owedin Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired INELLAS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIBSON, MYRON S Street Address (P.O. Box Number is Not Acceptable) 2931 BELCHER ROAD PALM HARBOR PL 54688 --DUNEDIN, FL34698 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/01) GIBSON, MYRON, S. TITLE Change TITLE Delete GIBSON, MYRON S. 2931 Belcher Rd. NAME NAME 2931 BELCHER ROAD STREET ADDRESS STREET ADDRESS Dunedin FL 34698 PALM HARBORFIL DUNEDIN, FL34698 CITY-ST-ZIP CITY-ST-ZIP TITLE GIBSON, PATTY Change ☐ Addition ☐ Delete TITLE GIBSON, PATTY L. NAME NAME 2931 Belcher Rd 2931 BELCHER ROAD STREET ADDRESS STREET ADDRESS Palm Harbor fl DUNEDIN,FL 34698 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS $(x_i,x_i) \in \mathbb{R}^{n-1}$ CITY-ST-ZIP CITY-ST-ZIP 2 32 74 E Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYRODSGIBSOD

02f05p2 (127)638-804