SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **M80671** **(4)**

1. Corporation Name

MARINE ELECTRICAL POWER SYSTEMS, INC.

Principal Place of Business
11232 2 ST JOHNS INDUSTRIAL PKWY
JACKSONVILLE FL 32216

Mailing Address
11232 2 ST JOHNS INDUSTRIAL PKWY
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: **05/09/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 1732 ST JOHNS BLUFF RD
22 Suite, Apt #, etc
23 City & State: JACKSONVILLE FL
24 Zip: 32246
25 Country: USA.

2a. Mailing Address
26 1732 ST. JOHNS BLUFF RD.
27 Suite, Apt #, etc
28 City & State: JACKSONVILLE, FL
29 Zip: 32246
30 Country: USA.

4. FEI Number: **59-2886577** 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
SMITH, PARKER
13000 SAWGRASS VILLAGE CIR
STE 16
PONTE VEDRA BCH FL 32082

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent's signature required when name is changed) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TARBOX, NATHANIEL I	
STREET ADDRESS	14750 BEACH BLVD #9	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	TD	☐ DELETE
NAME	TARBOX, MARY ANN	
STREET ADDRESS	14750 BEACH BLVD #9	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	SD	☐ DELETE
NAME	TARBOX, NATHANIEL I	
STREET ADDRESS	14750 BEACH BLVD., #9	
CITY-ST-ZIP	JACKSONVILLE BEACH 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: NATHANIEL TARBOX II 6/10/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

CR2E034 (3/96)