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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:54

DOCUMENT # N26512 (6)

1. Corporation Name

MARION COUNTY MARINE RESCUE INC. OCALA, FLA

Principal Place of Business	Mailing Address
9732 SE US HWY 441 9732 S.E. HIGHWAY 441 BELLEVIEW FL 34420 US	9732 SE US HWY 441 9732 S.E. HIGHWAY 441 BELLEVIEW FL 34420 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1988
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2967677 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROBINSON, LAVONNE
9732 S.E. U.S. HWY 441
BELLEVIEW FL 34420

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CASEY, MICHAEL J.	1.2 NAME	Peddycord, James F.	
STREET ADDRESS	6485 SW 111TH PLACE	1.3 STREET ADDRESS	5320 SE 188th CT.	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocklawaha, FL 32179	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	STEEVES, RONALD F.	2.2 NAME	Brannon, James W.	
STREET ADDRESS	701 NE 45TH ST.	2.3 STREET ADDRESS	10489 SE 101 Ave. Rd.	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Belleview, FL 34420	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	ROBINSON, LAVONNE R.	3.2 NAME	Hill, Claude W.	
STREET ADDRESS	9732 SE US HWY 441	3.3 STREET ADDRESS	14041 N.W. 21st Ct.	
CITY-ST-ZIP	BELLEVIEW FL	3.4 CITY-ST-ZIP	Citra, FL 32113	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	FERGUSON, OSCAR G	4.2 NAME	Robinson, LaVonne R	
STREET ADDRESS	14705 SE 93RD AVE	4.3 STREET ADDRESS	9732 SE US Hwy 441	
CITY-ST-ZIP	SUMMERFIELD FL	4.4 CITY-ST-ZIP	Belleview, FL 34420	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WAGNER, ROBERT C.	5.2 NAME		
STREET ADDRESS	6994A GANTON RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LaVonne R. Robinson LaVonne R. Robinson 2-28-95 904 245-5170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004848