FILED FILE NOW: FILING FEE IS \$61.25 May 18 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N42017 (6)GAINESVILLE-OCALA MARINE INSTITUTE NORTH, INC. Principal Place of Business Mailing Address 100 SE 134TH AVE RT. 2 BOX 185 3. Date Incorporated or Qualified MICANOPY FL 32667 MICANOPY FL 32667 02/08/1991 4. FEI Number Applied For 59-3048922 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8,75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite. Apt. #. etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HULL, DAVID J 82 Street Address (P.O. Box Number is Not Acceptable) **AUSLEY LAW FIRM** 227 SOUTH CALHOUN ST. 83 TALLAHASSEE FL 32302 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. 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 DELETE 1.1 TITLE Change CLAYTON, JAMES E 1.2 NAME Attachned P O BOX 23939 (NA) STREET 1.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-1.4 CITY - \$T - ZIP DELETE Addition STD Change TITLE 2.1 TITLE LOWRY, JAMES L NAME 2.2 NAME 36Q1 SW 63RD ALNE STREET ADDRESS 2.3 STREET ADDRESS GAINESVILLE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition Channe TITLE 3.1 TITLE WOODY, ROBERT L MANAGE 3.2 NAME 110 SE 1ST \$1.2 STREET ADDRESS 3.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition | WEAVER, ROBERT S NAME 4. 2 NAME 5915 BENJAMÍN CENTER DRIVE 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33634 CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP ☐ DELETE Addition Change TITLE 6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

TY-ST-ZIP

SIGNATURE AND TYPED OF

14. 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 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 of 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 appears.

Gainesville/Ocala Marine Institute

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