

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003747 (2)

1. Corporation Name

EAST ORLANDO MARINE INSTITUTE, INC.

Principal Place of Business

6049 RANDOLPH ST.
ORLANDO FL 32809

Mailing Address

6049 RANDOLPH ST.
ORLANDO FL 32809-42603. Date Incorporated or Qualified
07/28/19943a. Date of Last Report
04/17/1996

4. FEI Number

59-3257953

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HULL, DAVID J
227 S. CALHOUN ST.
MACFARLANE, AUSLEY, ET AL.
TALLAHASSEE FL 32302

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 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

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 | VTR | <input type="checkbox"/> DELETE |
| NAME | STANDER, O.B. | |
| STREET ADDRESS | 5915 BENJAMIN CENTER DRIVE | |
| CITY - ST - ZIP | TAMPA FL 33634 | |
| TITLE | STTR | <input type="checkbox"/> DELETE |
| NAME | KREMER, FREDERICK D. | |
| STREET ADDRESS | 5915 BENJAMIN CENTER DRIVE | |
| CITY - ST - ZIP | TAMPA FL 33634 | |
| TITLE | PTR | <input type="checkbox"/> DELETE |
| NAME | WEAVER, ROBERT S. | |
| STREET ADDRESS | 5915 BENJAMIN CENTER DRIVE | |
| CITY - ST - ZIP | TAMPA FL 33634 | |
| TITLE | TRUS | <input type="checkbox"/> DELETE |
| NAME | IOPPOLO, FRANK JR. | |
| STREET ADDRESS | 200 S. ORANGE AVE. | |
| CITY - ST - ZIP | ORLANDO FL 32801 | |
| TITLE | TRUS | <input type="checkbox"/> DELETE |
| NAME | WATSON, SHELDON B. | |
| STREET ADDRESS | 200 S. ORANGE AVE. | |
| CITY - ST - ZIP | ORLANDO FL 32801 | |
| TITLE | TRUS | <input type="checkbox"/> DELETE |
| NAME | REDDICK, ALZO J. | |
| STREET ADDRESS | 4652 S. ORANGE BLOSSOM TRAIL | |
| CITY - ST - ZIP | ORLANDO FL 32839 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

SEE ATTACHMENT

14. I do 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 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 (changed), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT S. WEAVER

1/15/97

(813) 887-3300

Date

Daytime Phone # 0016993

CR2E037 (9/96)