

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02433**

1. Corporation Name

**BLAKELEY MARINE CORPORATION**

Principal Place of Business

4CN EL CORTUO  
1171 N. OCEAN BLVD.  
GULF STREAM FL 33444  
US

Mailing Address

60 STATE STREET  
SUITE 3400  
BOSTON MA 02109  
US

2. Principal Place of Business

21

2a. Mailing Address

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

**BLAKELEY, GERALD W JR.**  
4CN EL CORTUO  
1171 NORTH OCEAN BLVD  
GULF STREAM FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/14/1984**

4. FEI Number

**59-2433554**

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 owes the current year  
Intangible Personal Property.



Yes



No

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

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 **PD** ☐ DELETE

NAME **BLAKELY, GERALD W JR.**  
STREET ADDRESS **60 STATE STREET, 34TH FL**  
CITY-ST-ZIP **BOSTON MA**

TITLE **STV** ☐ DELETE

NAME **HAGUE, PAUL E**  
STREET ADDRESS **60 STATE STREET, 34TH FL**  
CITY-ST-ZIP **BOSTON MA**

TITLE **V** ☒ DELETE

NAME **GATTIE, VIVEN C**  
STREET ADDRESS **60 STATE ST 34TH FL.**  
CITY-ST-ZIP **BOSTON MA**

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

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 **STVD** ☒ 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Paul E. Hague**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/7/99 (617) 227-3900**

Date

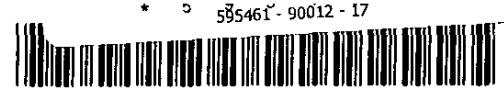
Daytime Phone #

CR2E034 (5/99)

0115641

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90012 017 \*\*\*150.00



075461-9001217  
P02433

**BLAKELEY MARINE  
CORPORATION**

Sixty State Street, Boston, Massachusetts 02109

TEL: (617) 227-3900  
FAX: (617) 227-2103

July 7, 1999

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

Recently I received a 2<sup>nd</sup> notice for the 1999 Profit Corporation Annual Report with a filing fee of \$550.00. The first noticed I received was paid on February 9, 1999 with check number 0721 for \$150.00. This check never cleared our bank leading me to believe it was lost in the mail. As instructed by a gentleman at the customer service number, I have enclosed a copy of the lost check and another check for \$150.00.

Should there be any questions, please call me.

Sincerely,  
*Tara A. Beshiri*  
Tara A. Beshiri  
Assistant Controller