

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090214

FILED
Apr 30, 2004
Secretary of State

Entity Name: MTX MARINE, INCORPORATED

Current Principal Place of Business:

3912 SE 8TH ST.
OCALA, FL 34471

New Principal Place of Business:

1855 NW 28TH PL
OCALA, FL 34475

Current Mailing Address:

3912 SE 8TH ST.
OCALA, FL 34471

New Mailing Address:

1855 NW 28TH PL
OCALA, FL 34475

FEI Number: 20-0166788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, SAMUEL CLARE
3912 SE 8TH ST.
OCALA, FL 34471

Name and Address of New Registered Agent:

SAPP, SAMUEL CLARE
1855 NW 28TH PL
OCALA, FL 34475

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAM SAPP

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAPP, SAMUEL C
Address: 3912 SE 8TH ST.
City-St-Zip: OCALA, FL 34471

Title: V () Delete
Name: STUBBS, MARK M
Address: 2276 NW 19TH LANE
City-St-Zip: GAINESVILLE, FL 32605

Title: ST () Delete
Name: WATSON, DOYLE
Address: 432 MIMOSA DR.
City-St-Zip: ST. SIMONS ISLAND, GA 31522

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SAPP, SAMUEL C
Address: 1855 NW 28 PL
City-St-Zip: OCALA, FL 34475

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOYLE WATSON

TREA

04/30/2004

Electronic Signature of Signing Officer or Director

Date