

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P07370 (0)

1. Corporation Name

LUCENTI MARINE SALES, INC.



Principal Place of Business

5613 RIDGEWOOD AVENUE
PORT ORANGE FL 32127

Mailing Address

5613 RIDGEWOOD AVENUE
PORT ORANGE FL 32127

3. Date Incorporated or Qualified
09/11/1985

3a. Date of Last Report
07/24/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

55-0451435

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 has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

LUCENTI, JOHN V.
5613 RIDGEWOOD AVENUE
PORT ORANGE FL 32127

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

John V. Lucenti

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME LUCENTI, JOHN V.
STREET ADDRESS 4259 CARDINAL BLVD
CITY-ST-ZIP DAYTONA BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME LOLLAR, BETTY M.
STREET ADDRESS 2090 W ATMORE CIRCLE
CITY-ST-ZIP DELTONA FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.4 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.5 NAME ☐ Change ☐ Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

John V. Lucenti Pres.

Date

Daytime Phone

CR2E034 (12/95)