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95 MAY 19 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P92000015085 (3)

1. Corporation Name
PHANTOM MARINE, INC.

200001497762
-05/24/95 --01025 --001
****~~200.00~~ ****~~200.00~~
233.75 233.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PHANTOM MARINE, INC 427 WHOOPING LOOP, STE 1889 ALTAMONTE SPRINGS FL 32701 US	P O BOX 33877 CHARLOTTE NC 28233 US

3. Date Incorporated or Qualified: 12/30/1992
3a. Date of Last Report: 04/19/1994

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)

4. FEI Number: 59-3155888 ☐ 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

9. Name and Address of Current Registered Agent

MONROE, NORMAN A.
427 WHOOPING LOOP, STE 1889
SUITE 400
ALTAMONTE SPRINGS FL 32701

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 N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☐ Change ☐ Addition
NAME	HUDSON, FITZGERALD S	12 NAME	
STREET ADDRESS	P O BOX 33877 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	HUDSON, CHRISTOPHER A	22 NAME	
STREET ADDRESS	P O BOX 33877 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	24 CITY-ST-ZIP	
TITLE	VTD	31 TITLE	☐ Change ☐ Addition
NAME	HUDSON, FITZGERALD D	32 NAME	
STREET ADDRESS	P O BOX 33877 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MORRIS, MERIWETHER H	42 NAME	
STREET ADDRESS	P O BOX 33877 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HUDSON, WILLIAM B	52 NAME	
STREET ADDRESS	P O BOX 33877 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

#55 5/19/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: CHRISTOPHER A. HUDSON 5-18-95 (704) 358-9161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300131 FP