PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Mar 27 1997 8:00am
Secretary of State

DOCUMENT # **P93000022635 (5)**

Corporation Name
GILCHRIST MARINE COMPANY, INC.

Principal Place of Business	Mailing Address
114 N.E. 1ST ST. **TRENTON FL 32693**	**114 N.E. 1ST ST.** **TRENTON FL 32693-9410**

Date Incorporated or Qualified: **03/23/1993**
Date of Last Report: **03/28/1996**

21 Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

28 Mailing Address
27 Suite, Apt. #, etc.
25 City & State
29 Zip
30 Country

FEI Number: **59-3176645**
Applied For
Not Applicable

Certificate of Status Desired ☐ **$8.75** Additional Fee Required

☐ **$5.00** May Be Added to Fees

This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

Name and Address of Current Registered Agent

BURT, THEODORE M
114 N.E. 1ST ST.
TRENTON FL 32693

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Add
NAME	FLETCHER, PAUL		12 NAME	
STREET ADDRESS	1208 OLD RD.		13 STREET ADDRESS	
CITY-ST-ZIP	CHAPIN SC 29036		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Add
NAME	FLETCHER, JOY		22 NAME	
STREET ADDRESS	1208 OLD RD.		23 STREET ADDRESS	
CITY-ST-ZIP	CHAPIN SC 29036		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Add
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Add
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Add
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Add
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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***165.00

3-27 JR

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; 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.

X _____ X _____
OFFICER OR DIRECTOR

JOSH V. THURMAN

CR2E-031 (9/96)

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