

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 # P93000039535 (8)

1. Corporation Name

MARINE BUILDING, INC.



Principal Place of Business

63 53RD ST., OCEAN
MARATHON FL 33050
US

Mailing Address

P.O. BOX 500097
MARATHON FL 33050
US

3. Date Incorporated or Qualified
05/27/1993

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0414446

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

10. Name and Address of New Registered Agent

CONLIN, JOHN W
63 53RD ST., OCEAN
MARATHON FL 33050

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEWIS, JAMES F	
STREET ADDRESS	7616 GULFSTREAM BLVD.	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	DAVIS, RODERICK	
STREET ADDRESS	7610 GULFSTREAM BLVD.	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CONLIN, JOHN W.	
STREET ADDRESS	63 53RD ST., OCEAN	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANDERSTERRE, JOHN	
STREET ADDRESS	1515 SOMBRERO BLVD, UNIT B-2 COBIA POINT	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLISON, JOHN W	
STREET ADDRESS	C/O CAPITOL BUYERS, INC. P.O. BOX 1089 N/A	
CITY-ST-ZIP	CONWAY AR 72032-1089	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, JOSEPH V	
STREET ADDRESS	P.O. BOX 420777 N/A	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042-0777	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SINGING OFFICER OR DIRECTOR

JOHN W. CONLIN

Date

Daytime Phone #

15 Apr 96 310-7437559

CR2E034 (12/95)