

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33050-0097  
US



3. Date Incorporated or Qualified  
05/27/1993

3a. Date of Last Report  
03/19/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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

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

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

Signature of principal or general type of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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; 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)