FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wit

SIGNATURE:

Feb 05, 2002 8:00 am Secretary of State DOCUMENT # P93000060230 1. Entity Name 02-05-2002 90042 009 ***150.00 TERHAAR & CRONLEY MARINE CONSTRUCTION, INC. Mailing Address Principal Place of Business 2840 HOPKINS ST. 4940 HOPKING ST. PENSACOLA FL 22505 PENSACOLA FL - 22505 2. Principal Place of Business 3. Mailing Address 1401 E. BELMONT 401 E. BELMON DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Applied For BY STATE SALO LA 4. FEI Number 59-3199603 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA-Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent TERHAAR, ANTHONY L Box:Number is Not Acceptable) -3840 HOPKINS ST. PENSACOLA FL 32505 se of changing its registered office or registered agent, or both, in the State of Florida statement for the purp SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Addition ☐ Delete TITLE TITLE TERHAAR, ANTHONY L MAME NAME 3840 HOPKINS ST STREET ADDRESS STREET ADDRES CITY-ST-ZIP PENSACOLA FL 82505 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE CRONLEY, JAMES D NAME NAME 3846 HOPKINS ST STREET ADDRESS STREET ADDRES CITY-ST-ZIP PENSACOLA FL-32505 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TIT! E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I 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 report or supplemental 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 disease employered to execute this report as pour director of the corporation or the receiver or disease employered to execute this report as pour directors.