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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000066523

1. Corporation Name

SPRAGUE MARINE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

44000 FOTH OT MORTH

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90032 012 ***150.00



ROYAL PALM BEACH FL 33411		ROYAL PALM BEACH FL 33411		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				09/20/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
3026	SE BBRD TEAR.	26 3026 S€ 3	BBRD TEKN	< 65-0443242 <u></u>	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		3. Cermicate of Guida Scarios	Fee Required
City.& State	<u> </u>	City. & State		=6. Election Campaign Financing	\$5:00 -мау ве
23 OKE	ECHOBEE, FL	28 OKEECHOBEE	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	
3497	Y 25 USA	29 34914 30	USA	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent
epp.	ACHE DONALD D	PRAGUE DONALD R.			
SPRAGUE, DONALD R			82 Street Address (P.O. Box Number is Not Acceptable)		
11983 59TH ST. NORTH				26 SE 3320 TERR	
ROYAL PALM BEACH FL 33411			83		
			1 1	OKEECHOBEE FL	
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.					
4 /2-/43					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPRAGUE, DONALD R		1.2 NAME	SPRAGUE, DONALD Z.	i
STREET ADDRESS 11983 59TH ST. NORTH			1.3 STREET ADORESS	SPRAGUE, DONALD R. 3026 SE 33RD TERR	
CITY-ST-ZIP ROYAL PALM BEACH FL 33411			1.4 CITY-ST-ZIP	OKEECHO BEE, FL 34474	
TITLE		- DELETE	2.1 TITLE	·	☐ Change ☐ Addition

2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change - Addition DELETE-NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

941763-9653