FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Saridra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P93000081175 (0) **DOCUMENT #** MARATHON SEA PRODUCTS, INC. Mailing Address Principal Place of Business 855 E PINE ST **855 E PINE ST** TARPON SPRINGS FL 34680-9 TARPON SPRINGS FL 34680-9 3a. Date of Last Report 3. Date Incorporated or Qualified 04/21/1995 11/18/1993 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3221985 Not Applicable 26 21 \$8.75 Additional 5. Certificate of Status Desired Suite, Apt. #, etc. \Box Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032. 23 Country Country Yes ∏ No Ζφ Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Michael G. Cantonis odress (P.O. Box Number is Not Acceptable) E. Pine Street 82 MILLER, ROBERT K 2975 OVERSEAS HWY 83 MARATHON FL 33050 34689 84 Tarpon Springs 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 1.1111:6 TITLE 1.2 NAME CANTONIS, MICHAEL G NAME 1.3 STREET ADDRESS 855 E PINE ST STREET ADDRESS 1.4 CITY - ST - ZIP TARPON SPRINGS FL 34689 ☐ Addition Change CITY-ST-ZIP DELFTE 2 1 TITLE TATLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP 40000177826続ැ。 -04/12/96--01039 --0**2**6 ***200.00 Addition CITY-ST-ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City - ST - ZiP Addition Change CITY - ST - ZIP DELETE 4.1 10115 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY ST-210 Addition ☐ Change CITY-ST-ZIP DELETE 5 1 TULE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST | ZIP Addition Change City-St-ZP DELETE 6 1 TITLE TITLE 6.2 NAME NAME

14. I do hereby certify that the information supplied with this fling is vokintarily 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 logal effect as if made under 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 logal effect as if made under certify that I am an officer or director of the corporation or the receiver or use an extraordinary or the receiver or the receiver or the process of the corporation or the receiver or use attachment with an address. achment with an address

STREET ADDRESS

6.3 STREET ADDRESS

EOF SIGNING OFFICER OF DIFFECTOR FRONT DESCRIPTION TO 1-46 813-938-5087