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

Mailing Address

139 LIME RD NE

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

139LIME RD NE

NAME

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035543 (5)

BLUE MARLIN MARINE, INC.

LAKE PLACID FL 33852 LAKE PLACID FL 33852 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/11/1994 2. Principal Place of Business 2a. Mailing Address Applied For 65-0489192 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes_ □ No 24 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PETTIT, OVERTON B JR 139 LIME RD NE Street Address (P.O. Box Number is Not Acceptable) LAKE PLACID FL 33852 84 City 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** Stonature, typed or printed name of registered agent and title it applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITI F PETTIT, OVERTON B JR 12 NAME NAME 139 LIME RD NE 1.3 STREET ADDRESS STREET ADDRESS LAKE PLACID FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE PETTIT, DIEDRE A 2.2 NAME NAME 139 LIME RD NE 2.3 STREET ADORESS STREET ADDRESS LAKE PLACID FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY+ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE

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 eddress.

4. 2 NAME

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE: Dieded Cottet DIEXREA PETET 4/22

DELETE

☐ DELETE

941 415-5059

Change

Change

Addition

Addition

FILED

May 01 1998 8:00am

Secretary of State