FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058169 (1)**

1. Corporation Name
MARINE SERVICES BY GLENN ENGLISH, INC.

Principal Place of Business
8864 SE SANDCASTLE CIRCLE
HOBE SOUND FL 33455

Mailing Address
8864 SE SANDCASTLE CIRCLE
HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report:
4. FEI Number: 65-0551322 | 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

2. Principal Place of Business
21 8864 SE SANDCASTLE
22 Suite, Apt #, etc.
23 City & State: HOBE SOUND FL
24 Zip: 33455 25 County: MARTIN

2a. Mailing Address
26
27 Suite, Apt #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
ENGLISH, GLENN
8864 SE SANDCASTLE CIRCLE
HOBE SOUND FL 33455

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 New Registered Agent) ____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	ENGLISH, GLENN	1 NAME	
STREET ADDRESS	8864 SE SANDCASTLE CIRCLE	1 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	1 CITY-ST-ZIP	
TITLE		2 TITLE	SECRETARY ☐ Change ☒ Addition
NAME		2 NAME	BONNER ENGLISH
STREET ADDRESS		2 STREET ADDRESS	8864 SANDCASTLE CIRCLE
CITY-ST-ZIP		2 CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Bonner English — Bonner English /Secretary 4-29-95 407 624-4701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0268169 CP