FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

2M CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 10 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000065292 (2)**

1. Corporation Name
INTERNATIONAL MARINE INSURANCE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2669 FEROL LANE LYNN HAVEN FL 32444	2669 FEROL LANE LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 817 Dolphin Dr.
Suite, Apt. #, etc. 22:
City & State 23: Panama City Bch
Zip 24: 32411 Country 25: USA

2a. Mailing Address
26: P.O. Box 27985
Suite, Apt. #, etc. 27:
City & State 28: Panama City, FL
Zip 29: 32411 Country 30: USA

4. FEI Number: 59-3264195 ☐ 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

9. Name and Address of Current Registered Agent

Timothy J. Sloan
427 McKenzie Ave
Panama City, FL 32401

10. Name and Address of New Registered Agent

81 Name: B. Keith Mollman
82 Street Address (P.O. Box Numbers Not Acceptable): P.O. Box 27985
83: 817 Dolphin Drive
84 City: Panama City FL 85 Zip Code: 32411

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] B. Keith Mollman 3/April/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, DONALD L Delete 2669 FEROL LANE LYNN HAVEN FL 32444	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres, Sec, Treas, VP (As Below) Mollman, B. Keith P.O. Box 27985 Panama City, FL 32411	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres, Sec, Treas, V.P. Mollman, B. Keith 817 Dolphin Drive Panama City, FL 32411	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] B. Keith Mollman - Pres. 904-235-2992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0003027 CP