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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

FILED

Apr 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F

Principal Place of Business

P94000094346 (1)

Mailing Address

MARINE PRODUCTS MANUFACTURING, INC.

Block 12 or Block 13 if changed, or on an attachment with an address.

4814 NORTH COOLIDGE AVE 4814 NORTH COOLIDGE AVE. TAMPA FL 33614 TAMPA FL 33614 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3303928 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Ziri 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HOROWITZ, MITCHELL I 501 EAST KENNEDY BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1700** 83 **TAMPA FL 33602** 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent's gnature required when reinstating) Signature, typed or printed name of registers flags of and title if apparable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition THILE 1.1 TITLE KRAEMER, THOMAS C JR. NAME 1.2 NAME 4814 NORTH COOLIDGE AVE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33614** 1.4 CITY-S1-7IP CITY-ST-ZIP DELETE Change Addition 2.1 1ITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 HILE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIF DELETE ☐ Change Addition 4.1 THEF TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-7IP City-St-ZIP 14. Thereby 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