FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000075701 (9)**

1. Corporation Name

HARBORWALK MARINA SERVICES, INC.

Principal Place of Business
385 HIGHWAY 98 EAST
SUITE 60
DESTIN FL 32541

Mailing Address
385 HIGHWAY 98 EAST
SUITE 60
DESTIN FL 32541

3. Date Incorporated or Qualified: **10/02/1995**
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

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

4. FEI Number: 59-3334012 — 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

LEGLER, MITCHELL W
ONE INDEPENDENT DRIVE
SUITE 3104
JACKSONVILLE FL 32202

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 607.0508, 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 (and/or printed name) of registered agent, if applicable — Mitchell W. Legler (NOTE: Registered Agent signature required when resigning) — 4/12/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	BOS, PETER H
STREET ADDRESS	385 HIGHWAY 98 EAST, SUITE 60
CITY-ST-ZIP	DESTIN FL 32541
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P ☐ Change ☒ Addition
1.2 NAME	BOS, PETER H.
1.3 STREET ADDRESS	385 Hwy. 98E, Suite 60
1.4 CITY-ST-ZIP	Destin, FL 32541
2.1 TITLE	VT ☐ Change ☒ Addition
2.2 NAME	CLAUSON, GREG
2.3 STREET ADDRESS	385 Hwy. 98E, Suite 60
2.4 CITY-ST-ZIP	Destin, FL 32541
3.1 TITLE	S ☐ Change ☒ Addition
3.2 NAME	PARKER, WENDY
3.3 STREET ADDRESS	385 Hwy. 98E, Suite 60
3.4 CITY-ST-ZIP	Destin, FL 32541
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	700001799477 ☐ Change ☐ Addition
5.2 NAME	-04/29/96--01090--023
5.3 STREET ADDRESS	***200.00
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 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: Peter H. Bos — 4/12/96 — (904) 654-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)