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

PROFIT **CORPORATION ANNUAL REPORT** 

1998

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000010667 (9) DOCUMENT #

SPACE MAKERS MARINE PRODUCTS, INC.

Principal Place of Business Mailing Address 2331 EDISON AVE. 2331 EDISON AVE JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation owes or has paid the current year Inlangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DOYLE, WILLIAM E 81 Name 6 E. BAY ST. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 320 83 JACKSONVILLE FL 32202 84 Zip Code 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 Stgnature: typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELI TE ☐ Change Addition TITLE 1.1 TITLE MORSCH, ALBERT C NAME 1.2 NAME 2331 EDISON AVE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32204 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change . Addition TITLE 3.1 TIME 3.2 NAME

CITY-ST-ZIP 14. 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 change

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - \$1 - ZIP

6.3 STREET ADDRESS

4.4 CITY - ST- ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TILLE

5.2 NAME

6.1 TITLE

6.2 NAMÉ

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DELETE

DELETE

Change

Change

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Addition

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Addition

FILED

May 28 1998 8:00am

Secretary of State