


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000026678 1. Entity Name LANIER MARINE CORP.	
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Principal Place of Business 1600 S.E. 17TH STREET #404 FORT LAUDERDALE, FL 33316	Mailing Address 1600 S.E. 17TH STREET #404 FORT LAUDERDALE, FL 33316
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05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1634983	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAYES, WARREN D SR. C/O ALLEY, MAASS, ROGERS & LINDSAY 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL 33480-0431
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Per
Tina
5-3

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCWHORTER, STUART CLAYTON 113 SEABOARD LN SUITE B-200 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCWHORTER, R. CLAYTON 113 SEABOARD LN SUITE B-200 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MAASS, ROBB R 321 ROYAL POINCIANA PLAZA S PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALLEN, NANCY S 113 SEABOARD LN, STE B-200 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Nancy S Allen Nancy S Allen-S/T 5-3-04 615-320-3070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #