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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

(20 M) 427 -NEW

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045832 (8)

SOUTH FLORIDA MARINE INVESTORS, INC.

## P.O. BOX 12063 205 E CENTRAL BLVD-200 E-DENTRAL BLYD 46 SUITE 304 --- OFLANDO EL 32801 32550 3. Date Incorporated or Qualified 3a. Date of Last Report 05/23/1996 2. Principal Place of Prisiness 2a. Mailing Address Applied For 600 South Bureauchs P.O. BOX 12063 26 Not Applicable Suite, Apl. #. etc. Suite, Apt. #, etc. \$8.75 Additional X Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be FL l'ensaco Pensacola Trust Fund Contribution 23 28 Added to Fees Country Country Zin 32590-2063 30 8. This corporation has liability for intangible tax under s. 199,032, MSA Yes X No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) ROY S. Palatox NISI, FRANK P JR 205 E CENTRAL BLVD 82 **SUITE 304** 83 ORLANDO FL 32801 84 Zip Code **325**Ο Pensacola 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 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. (NOTE Registered Agents Nocthan SIGNATURE ne of registered agent and title if applicable ustered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE Change Addition TITLE President - P 111000 Ray Russenberger 804 S. Palafox NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST ZIP Pensagola, FL 32504 1.4 CITY - ST - ZIP DELETE 1/7/5 Change Addition 2.5 TH LE NAME 2.2 NAME Johnny Matther 804 S. Palafux Matthews STREET ADDRESS 2.3 STREET ADORESS Pensacola, FL 32501 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition Addition TITLE 3.1 TITLE Doug Halford 804 S. Palafox NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS Pensacola, FL 32501 3 4. CITY - ST - ZIP CITY-ST-2 DELETE 4 1 TITLE ☐ Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.17016 NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE ☐ Change Addition 61 THEE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. I do 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 efficer 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.