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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047741 (9)

MECKE MARINE INC.

FILED
May 13 1998 8:00am
Secretary of State

Principal Place of Business Mai		Mailing Address	ailing Address						JOI 1101 1001	
2289 8TH AVENUE 2.		2289 8TH AVENUE	2289 8TH AVENUE							
ST. JAMES CITY FL 33956 ST. JAMES CITY FL 339			956			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified	L IN ITIIS C	1 ACE		٦
						05/31/1996				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For				
21 26				. 		65-0670811		No	ot Applicable]
Suite, Apt. #, etc.						5. Certificate of Status Desired		•	Additional	
27									equired	4
City & State City & State						6. Election Campaign Financing Trust Fund Contribution	П		May Be to Fees	
Zip				ntry		8. This corporation owes or has p				1
24	25 29 30					Personal Property Tax due June 30. 🔀 Yes 🔲 No				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Fi	egistered /	lgent		
FAI	nning, harold L Jr.			B1 N	lame					
2289 8TH AVENUE				82 S	treet Addr	ress (P.O. Box Number is Not Acceptable)				1
ST.	JAMES CITY FL 33956			63						4
				63						
				64 C	ity		FL	85 Zip	Code	1
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Stat	utes, the at	oove-na	amed corp	oration submits this statement for the		changino i	ts registered	+
office or r	egistered agent, or both, in the Stat	e of Florida, Such change was	authorize	d by the	e corporat	ion's board of directors. I hereby acce	pt the app	ointment as	registered	
	m lamaia wan, and accept the obig	ganons or, accuon our louds, i	IUINIA SIAI	uies.						
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NO	DIE: Registered	1 Agent si	gnature requir	ed when reinstating)	DATE			6
12.	, 	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12] <u>[</u>
TITLE	PT	☐ DELETE	1.1 10	TLE				Change	Addition	140
NAME	FANNING, HAL		1.2 NAME							2
STREET ADDRESS	3200 0111112		1.3 STREET ADDRESS		RESS					Ĭ
CITY-ST-ZIP	ST JAMES CITY FL	DELETE		TY-ST-ZI	Р			Change	☐ Addition	۱Ď
TITLE	VPS	TT) DETELE	2.1 TI					Change	AOUIDON	ľ
name Street address	MECKE, PAUL 4877 CURLEW DR		22 N/	ME REET ADD	orce					
CITY-ST-ZIP ST JAMES CITY FL			- 4	HEET MUL ITY-ST-Z	į.					
TITLE	y vanco om te		31 TI		"		<u> </u>	Change	Addition	1
NAME			3.2 N/	AME .	ŀ					
STREET ADDRESS			1	REFT ADD	DRESS					
CITY-ST-ZIP			3 4. C	ITY-ST-Z	IP					
TITLE		DELETE	4 1 10	TLE				Change	■ Addition	1
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 S1	REET ADD	PRESS					
CITY-ST-ZIP				TY-ST-ZI	Р					_
TITLE		DELETE	5.1 TI					Change	Addition	
NAME			5.2 NA							
STREET ADDRESS				REFT ADD						
CITY-ST-ZIP		☐ DELETE		TY-ST-ZI	Р			Change	Addition	4
TITLE		☐ percit	6.1 TII 6.2 NA					CT ORBA	L AUGINOR	
NAME Street address				nme Reet add	vocce					
STREET ADURESS CITY-ST-ZIP				HEET ADD TY-ST-21						
OH TOUTE			0.4 07	11-01-51	<u> </u>					

14. 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 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.

OF Z

11 0 - 00 011

au an area