FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.QD

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 10 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075235 (7)

LUNKER MARINE, INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address					E 30001000 310 10110 01311 00111 80401 00411 04011	1985 \$1118 1888 1191 \$187 981
117 MACON ROAD PALATKA FL 32177		117 MACON ROAD PALATKA FL 32177				
					DO NOT WRITE IN TH	HS SPACE
					3. Date Incorporated or Qualified 09/06/1996	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		59-3428536	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27		 			5. Commodito di Citato Di Sinota	Fee Required
City & State	e	├ ┐ ´	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	ntry	B. This corporation owes or has paid the	
24	25 9. Name and Address of Curr	29	30		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
		ent Hegistered Agent		81 Name	10. Haine and Address of New Register	en Agent
	ESSER, CHRISTAL M			1 Name		
117 MACON ROAD				82 Street /	Address (P.O. Box Number is Not Acceptable)	
PALATKA FL 32177			•	83		
				03		
				84 City	F	85 Zip Code
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change w	ras authorized	d by the corp	corporation submits this statement for the purpos poration's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	,					
	Signature, typed or printed name of registered a	ND DIRECTORS		Agent signature	required when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS	
12.)	DELETE	13. 1.1 Til	IF.	D	Change Addition
NAME	CHESSER, CHRISTAL M	NOTE:	1.2 NA	1	—	_ , _
STREET ADDRESS	117 MACON ROAD	(Name Chang	<u>م</u> ۲	REPADORESS	OLNEY, CHRISTAL M	Name Change
	PALATKA FL 32177	•••••	1.001	IY-SI-ZIP	'117 MACON ROAD	
CITY-ST-ZIP TITLE	D	DELETE			PALATKA, FL 32177	Change Addition
NAME	OLNEY, RICHARD W		2.2 NA	1		
	117 MACON ROAD			RELI ADDRESS		
STREET ADORESS CITY-ST-ZIP	PALATKA FL 32177			TY-ST-ZIP		
TITLE	177001171111111111111111111111111111111	DELETE	3.1 TI			Change Addition
NAME			3.2 NA	į		
STREET ADDRESS				REET ADDRESS		
				TY-ST-ZIP		
CITY+ST-ZIP TITLE		DELETE	4.1 TO			Change Addition
NAME			4. 2 N	ļ		
' "						
STREET ADDRESS				REET ADDRESS IY-ST-ZIP		
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE				Change Addition
		المال المال		Į.		Principle Fill supplies
NAME			5.2 NA	i		
STREET ADDRESS	i			REET ADORESS		
CITY-ST-ZIP		DELETE		IY-ST-ZIP		Change Addition
TITLE		☐ ottte		ļ		☐ Onesige ☐ Mutition
NAME [6.2 NA	Mt		1

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 601 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.