FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100918 (7)

1. Corporation Name
WEST COAST MARINE, INC.

Principal Place of Business	Mailing Address
6610 NAUTICAL ISLE HUDSON FL 34667	6610 NAUTICAL ISLE HUDSON FL 34667-1909

3. Date Incorporated or Qualified: 12/13/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 6610 Nautical Isle
Suite, Apt. #, etc. 22
City & State 23 Hudson FL
Zip 24 34652 Country 25

2a. Mailing Address
26 5308 Leeward LN
Suite, Apt. #, etc. 27
City & State 28 New Port Richey FL
Zip 29 34652 Country 30

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
WHITTEMORE, CHARLES
4322 CEDAR GROVE ST
HOLIDAY FL 34691

10. Name and Address of New Registered Agent
81 Name: Whittemore, Charles
82 Street Address (P.O. Box Number is Not Acceptable): 5308 Leeward Lane
83
84 City: New Port Richey FL 85 Zip Code: 34652

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 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: Charles N Whittemore & Charles S Whittemore 4-24-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	☐ DELETE	1.1 TITLE	[redacted]	☒ Change ☐ Addition
NAME	WHITTEMORE, CHARLES		1.2 NAME		
STREET ADDRESS	6610 NAUTICAL ISLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		1.4 CITY-ST-ZIP	N/A	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITTEMORE, CHARLES		2.2 NAME		
STREET ADDRESS	6610 NAUTICAL ISLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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.

SIGNATURE: Charles N Whittemore Charles S Whittemore 4-24-97 813-817-7004