SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

MARINE BANCSHARES, INC.

Principal Place of Business Mailing Address 501 GOODLETTE ROAD NORTH 501 GOODLETTE ROAD NORTH

FILED Jul 06, 1999 8:00 am Secretary of State

07-06-1999 90012 020 ***550.00



SUITE D-12	1102	SUITE D-12 NAPLES FL 34102			DO NOT WANTE IN THIS SPACE		
NAPLES FL 34102 US		US			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified		
•					01/23/1997		
	lace of Business	2a, Mailing Address			4, FEI Number Applied For		
21		26			65-0729764 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc			5, Certificate of Status Desired \$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Coun	itry	This corporation owes the current year		
24	25	29 30	5		Intangible Personal Property. Yes No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
				81 Na	Name		
HORNE, RICHARD E					88 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
501 GOODLETTE ROAD NORTH				82 Str	Street Address (P.O. Box Number is Not Acceptable)		
SUITE D-12 Control of the Suite				83			
NAF	PLES FL 34102		L	_ \ _			
	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		ſ	84 Cit	City FL 85 Zip Code		
	V			Щ.,			
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		••,					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registere	ad Agent si	nt signature required when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOe	DELETE	1.1 TITL	.E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Pierce T. Neese 0RESS 8681 Hwy 92		
NAME	HORNEE, R		1.2 NAN	Æ	Pierce T. Neese		
STREET ADDRESS	400 5 AVE S STE 101		1.3 STR	EET ADDR	ORESS 8681 HWY 92		
CITY-ST-ZIP	NAPLES FL 34102		1.4 CIT	Y-ST-ZIP	Woodstock GA 30189		
TITLE	С	DELETE	2.1 TITL	.E	Change X Addition		
NAME	RYAN, W		2.2 NAN	4E	william Mc Daniel, Tr.		
STREET ADDRESS	8111 BAY COLONY DR		23 STR	EET ADDRI			
CITY-ST-ZIP	NAPLES FL 34108			Y-ST-ZIP	1 7 7 9 30.1		
TITLE	D	DELETE	3.1 TITI		Change Addition		
NAME	HODGES. E	☐ DECE 1¢	3.2 NAN				
	2140 COACH HOUSE LN			EET ADDRI	INDESS.		
STREET ADDRESS	NAPLES FL 34105						
CITY-ST-ZIP	D D	——————————————————————————————————————	4.1 TITL	Y-ST-ZIP			
TITLE	KETTERWAGEN. D	DELETE	4.1 NAN		Change Addition		
NAME	3590 WOODLAKE DR				posee		
STREET ADDRESS				EET ADDRI	ì		
CITY-ST-ZIP	BONITA SPGS FL 34134			Y-ST-ZIP			
TITLE	D	🔀 DELETE	5.1 TITL		Change L Addition		
NAME	HOLE, S		5.2 NAA				
STREET ADDRESS	3303 GIN LANE		ľ	EETADDRI	}		
CITY-ST-ZIP	NAPLES FL 34102			Y-ST-ZIP			
TITLE	r Dinorii o	DELETE :	6.1 TITE		Change Addition		
NAME	DUNSEN, S		6.2 NA	4E			
STREET ADDRESS	762 HICKORY RD		6.3 STR	EET ADDRI	DRESS		
CITY-ST-ZIP 19-	NAPLES FL 23410 WAR			Y-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 is trae 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 of the pectiver or trustee emprowered 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 the properties.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytome Phone #							