

DOCUMENT # P97000008575

1. Entity Name

MARINE BANCSHARES, INC.

05-15-2000 90160 030 ***150.00

Principal Place of Business	Mailing Address
501 GOODLETTE ROAD NORTH SUITE D-12 NAPLES FL 34102 US	501 GOODLETTE ROAD NORTH SUITE D-12 NAPLES FL 34102-5661 US

2. Principal Place of Business 2325 Vanderbilt Beach Road	3. Mailing Address PO Box 110699
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples FL		City & State Naples FL	
Zip 34109	Country US	Zip 34108-0112	Country US

4. FEI Number	65-0729764	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

HORNE, RICHARD E
501 GOODLETTE ROAD NORTH
SUITE D-12
NAPLES FL 34102

7. Name and Address of New Registered Agent	
Name <u>Sidney T. Jackson</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2325 Vanderbilt Beach Road</u>	
<u>Naples</u>	
City	FL Zip Code <u>34109</u>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  Assistant Secretary, Sidney T. Jackson 4/27/00

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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11.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO HORNE, R 400 5 AVE S STE 101 NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C RYAN, W 8111 BAY COLONY DR NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HODGES. E 2140 COACH HOUSE LN NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KETTERWAGEN, D 3590 WOODLAKE DR BONITA SPGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEESE, PIERCE T 8681 HWY 92 WOODSTOCK GA 30189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDANIEL, WILLIAM JR 2375 N TAMiami TRAIL NAPLES FL 34103	<input type="checkbox"/> Delete

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Sidney T Jackson 2325 Vanderbilt Beach Road Naples FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Thomas V. Ogletree 2325 Vanderbilt Beach Road Naples FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Horne, R 2325 Vanderbilt Beach Road Naples FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Sidney T. Jackson 4/29/00 941-593-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)