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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P 97000015203

Ship spares International, Inc

Principal Place of Business

Mailing Address

8	San		Diego		Road	
Por	ite	Ve	Ina	Beac	h	•

D D BOX 1162

8 San Diego Road							
Ponte Vedra Beach	Doute	Walm t	Beach	DO NOT WRITE IN THIS	SPACE		
PL 32082 -1814	Ponte Vedra Beach FL 32004		3. Date Incorporated or Qualified				
	FF	32004		2//3/97 4. Ff (Number			
2. Principal Piace of Business	2a. Mailing Address			4. Ft i Number 59 - 3437 966	Applied For		
21	26 Suite, Apt. #, etc.			37-3437700	Not Applicable		
Suite. Apt #. etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		28 Country		8. This corporation owes or has paid the current year Intangible			
24 25	29	30		Personal Property Tax due June 30. Yes No			
9. Name and Address of Curre		1 7 7	10. Name and Address of New Registered Agent				
Walter G. Arnold, Sr.			81 Name				
		82 5	Ctrool Addror	ss (P.O. Box Number is Not Acceptable)			
1301 Riverplace Boulevard, Suite 2440 Jacksonville FL 32207			Sireet Abbres	as (r.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · · 		
Jacksonville FL 3	32207	83					
,			City	FL	85 Zip Code		
11. Pursuant to the provisions of Sections 697 050	02 and 607 1508, Florida Statut	es, the above-n	amed corpo	ration submits this statement for the purpose of	of changing its registered		
office or registered agent, or both in the State agent. I am familiar with, and accept the onlig	e of Florida. Such change was a rations of Section 607 0505. Flo	authorized by th orida Statutes.	ie corporatio	n's board of directors. I hereby accept the app	pointment as registered		
_							
SIGNATURE Signature Typicit or profest number of registered as	ent and title diapplocable (NOT	It: Registered Agents	s gnalure required	when reinstating) DATE			
	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	☐ DELETE	1.1 TITLE			Change Addition		
NAME water G. Arnold	Jr.	1.2 NAME					
STREET ADDRESS P.O. BOX 1162/8 SA	n Diego Ka	13 STREET AD	IDRESS				
CITY-SI-71P Ponte Vedra Beach	FL 32004	1.4 C(1) Y - S1 - 7	7iP				
TITLE. D	☐ DELETE	21 TITLE			Change Addition		
NAME Kathryn G. Amolo		22 NAME					
CITITET ADDRESS ON O BOX 1102/8 3	SAN DIEGO Ka.	23 STREET AD	DRESS				
CHY-ST-ZIP PONTE Vedra Beac	h FL 32004	2 4 CITY - \$1	ZIP				
TITLE	☐ DELETE	3 1 TITLE			☐ Change ☐ Addition		
NAME !		3.2 NAML	1		1		
STREET ADDRESS		33SIRILI AD	DRESS				
CHY-S1-ZIF		3.4 CITY-SI	ZIP				
TITLE	DELETE	411111			Change Addition		
NAME		4 2 NAME					
STREET ADDRESS		4 3 S1RFF1 AD	DRESS		•		
City-SI-ZiP		4 4 CITY - ST - Z	71F		;		
THE	DELETE	5.1 1111.1			☐ Change ☐ Addition		
NAME		5.2 NAME					
SIRECT ADDRESS		5.3 STREET AD	THRESS				
		5.4 CHY S1-2					
TITLE	DOELETE	611II.H			Change Addition		
		G 2 NAMI	1	8000025816	— · T		
NAME STREET ADDRESS		6.3 STHLET AD	UDI 66	-07/07/3801063	-049) 🗸 🕦		
SERVE AND DO SS I		■ C.3 STRLET AU	untaa [- · - · · - · · - · · · · · · · · · · ·		

14. 4 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information information information this annual report or supplied annual report is supplied annual report in the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of the provised of exocute this report as required by Chapter 607, Florida Statutes, and that my came appears in Block 12 or Block 13 if changed or parallel control of the provised of exocute this report as required by Chapter 607, Florida Statutes, and that my came appears in

6.3 STHEET ADDRESS

SIGNATURE: *

STREET ADDRESS

***150.00

FILED

Jul 06 1998 8:00am

Secretary of State