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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000041067 (4)

FILED May 06 1998 8:00am Secretary of State

CRANSHAW MARINE, INC. Principal Place of Business Mailing Address 4200 NE 23RD AVE 4200 NE 23RD AVE LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/05/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žφ Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes □ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRANSHAW, TED M 4200 NE 23RD AVE 82 Street Address (P.O. Box Number is Not Acceptable) LIGHTHOUSE POINT FL 33064 83 City Zip Code 85 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 (NOTE: fingistered Agent signature required when sainstaing) Signature, typed or printed manificating stored agent and fille it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME CRANSHAW, TED M 1.2 NAME 4200 NE 23RD AVE STREET ADDRESS 1.3 STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP 1.4 City - ST - ZiP DELETE Change Addition 2 1 1 TLE TITLE NAME 2.2 NAMÉ STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY - S1 - ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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14. 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 eath; 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.