

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90002 037 \*\*\*150.00

DOCUMENT # P97000098512

1. Corporation Name  
ECHO MARINE, INC.

Principal Place of Business  
3933 SEA EAGLE CIRCLE  
ST AUGUSTINE FL 32086

Mailing Address  
3933 SEA EAGLE CIRCLE  
ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/17/1997

4. FEI Number  
59-3477286

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 106 DORY ROAD

Suite, Apt. #, etc.

22 ST. AUGUSTINE, FL

City & State

23 32086

Zip

ST. JOHNS

Country

24

25

2a. Mailing Address

26 106 DORY ROAD

Suite, Apt. #, etc.

27 ST. AUGUSTINE, FL

City & State

28 32086

Zip

ST. JOHNS

Country

29

30

9. Name and Address of Current Registered Agent

KEITH, KEVIN H  
3933 SEA EAGLE CIRCLE  
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name KEITH, KEVIN H.

82 Street Address (P.O. Box Number is Not Acceptable)  
106 DORY ROAD

83

84 City ST. AUGUSTINE

FL

85

Zip Code 32086

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME KEITH, KEVIN H  
STREET ADDRESS 3933 SEA EAGLE CIRCLE  
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME KEITH, KEVIN H.  
1.3 STREET ADDRESS 106 DORY ROAD  
1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (904) 447-0999

Date

Daytime Phone #

CR2E034 (1/198)