2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P98000076562 Apr 07, 2000 8:00 am Secretary of State LEWIS MARINE SUPPLY OF CHARLESTON, INC. 04-07-2000 90023 029 ***150.00 Mailing Address Principal Place of Business 220 S.W. 32ND STREET 220 S.W. 32ND STREET FORT LAUDERDALE FL 33315-3324 FORT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address 624 MARINA DRIVE P O BOX 21107 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 57-1074878 Not Applicable CHARLESTON, SC FT. LAUDERDALE, FL Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 29492 33335–1107 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEPHENS, JOHN E Street Address (P.O. Box Number is Not Acceptable) 220 S.W. 32ND STREET FORT LAUDERDALE FL 33315 Zip Code FL ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named JOHN E. STEPHENS 3/27/00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE of registered agent and title if applicable Signatur FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DC ☐ Change Addition ☐ De'ete TITLE TITLE VP LEWIS, JAMES R JR. NAME NAME ALICE O LEWIS STREET ADDRESS STREET ADDRESS 220 S.W. 32ND STREET 220 S W 32ND STREET CITY-ST-7tP CITY-ST-ZIP FORT LAUDERDALE FL 33315 FT. LAUDERDALE, FL. 33315 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME LEWIS. STEPHEN R NAME STREET ADDRESS 220 S.W. 32ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF FORT LAUDERDALE FL 33315 ☐ Delete TITLE ☐ Change ☐ Addition TITLE LEWIS, RAY NAME NAME STREET ADDRESS 220 S.W. 32ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Change Addition ☐ Delete TITLE TITLE COLEMAN, CAROLYN E NAME STREET ADDRESS 220 S.W. 32ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Change ☐ Addition SDT ☐ Delete TITLE TITLE FRAM, SANDI NAME NAME STREET ADDRESS STREET ADDRESS 220 S.W. 32ND STREET CITY-\$T-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 Addition ☐ Change ☐ Delete TITLE TITLE STEPHENS, JOHN E NAME NAME STREET ADDRESS STREET ADDRESS 220 S.W. 32ND STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 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

3/27/00 (954)767-1261 Daytime Phone #

CAROLYN E. COLEMAN