SOUTHERN MARINE UNDERWRITERS; INC.

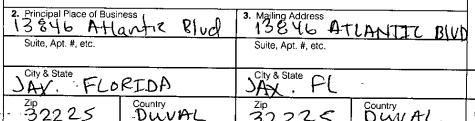
Principal Place of Business

14603 BEACH BLVD. #600 JACKSONVILLE BEACH FL 32250

US

Mailing Address

14603 BEACH BLVD. #600 JACKSONVILLE BEACH FL 32250





DO NOT WRITE IN THIS SPACE

JAY. FLORIDA			SAY . PL		4.	4. FEI Number 59-3546823			pplied For ot Applicable	
- 322	25	Country DWVAL	Zip 32225	Country DWA	5.	Certificate of Status Des		8.75 Ad	ditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
CRABTRE	EE, R R			Street	Street Address (D.O. Day Number in No. A					
8375 DIX ELLIS TRAIL STE. 401					Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	NÝJLLE FL 3	2256		***		· · · · · · · · · · · · · · · · · · ·	71-70 mm	<u>.</u>		
	V.			City	City FL Z				ip Code	
8. The above	e named entit	y submits this statement for	the purpose of changing its	registered office of	or registered ag	gent, or both, in the State	of Florida.	1	-	
SIGNATURE										
	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signa	ture required when re	einstating)	DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FE					.00	1.5				
Tax filing requirement and elects to do so. After May 1, 2002						10. Election Campaig Trust Fund Contri	·		May Be	
(See crite	ria on back)		Make Check Payab	le to Departmer	nt of State	Trust runa Contin	Dutton.	Added	to Fees	
11.	7=-	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO	OFFICERS AND D	RECTOR	3 IN 11	
TITLE	TS	•	Delete	TITLE	P	·	78	Change	☐ Addition	
NAME .	CALDWELL	L, TERRY		NAME	KEN W	Ecom	ν	•	DIVID	
STREET ADDRESS	14603 BEA			STREET ADDRESS	1 9003-1	Sader BINE	- 16 HI CK	N. DC	מיופ	
CITY-ST-ZIP		VILLE FL 32250	***	CITY-ST-ZIP	ンケン・	FL 1-32250	32225			
TITLE	P		☐ Delete	TITLE	V		Ţ	Change	Addition	
NAME	MECOM, E			NAME	BARNE	or Mecom	13846 A	T 15 15 15	7 10 1 1/2	
STREET ADDRESS		CH BLVD, #600		STREET ADDRESS	14603	- BUNDER BLV	7000	- CH1 3C	BLVD	
CITY-ST-ZIP		VILLE FL 32250		CITY-ST-ZIP	JAX P	FL , 32250 EV MECOM BEACH BLU C 32250	3222	>		
TITLE	V		☐ Delete	TITLE				Change	☐ Addition	
NAME CIPEET ADDRESS	MECOM, K		<u> </u>	NAME		• •	• • •	*		
STREET ADDRESS CITY-ST-ZIP		CH BLVD, #600		STREET ADDRESS	1					
	JACKSON	/ILLE FL 32250	·	CITY-ST-ZIP	ļ					
TITLE NAME			☐ Delete	TITLE] Change	☐ Addition	
STREET ADDRESS				NAME CYDEST ADDRESS						
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP						
TITLE	_			-	<u> </u>			_		
NAME			☐ Delete	TITLE				Change	☐ Addition	
STREET ADDRESS				NAME STREET ADDRESS						
CITY-ST-ZIP		•		CITY-ST-ZIP					ı	
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NAME			☐ Delete	TITLE NAME			Ë] Change	☐ Addition	
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
13. I hereby c	ertify that the	information supplied with thi	is filing does not qualify for t	the exemption stat	ad in Section 1	10.07/3\/i\ Etarida 0:-1	too I foutberrand	41-44		
indicated of the core	on this report	or supplemental report is tru	ue and accurate and that my	y signature shall h	ave the same le	egal effect as if made un	der oath; that I am	mat the inf an officer o	ormation or director	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR