2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900015989 May 17, 2000 8:00 am Secretary of State JACQUES MARINE SERVICE INC. 05-17-2000 90958 013 ***158.75 Principal Place of Business Mailing Address 6210 NW 16TH PLACE SUNRISE, FL 33313-4637106 A3061088----2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0896580 Not Applicable Źip 5. Certificate of Status Desired Y Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EVERTON L. MORRIS Street Address (P.O. Box Number is Not Acceptable) 6210 NW 16TH PLACE SUNRISE, FL 33313 Zlp Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Sighature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOWIII FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ™EPP/S/H EVERTON L MORRIS ☐ Defete TITLE Addition NAME 6210 NW 16TH PLACE STREET ADDRESS STREET ADDRESS SUNRISE, FL 33313 CITY-ST-ZIP CITY-ST-ZIP THE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TILLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered. EVERTON MORRIS -PRESIDENT 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR