2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 09, 2001 08:00 AM DOCUMENT # **P9900068655** 1. Entity Name **Secretary of State** AUCHTER MARINE CONSTRUCTION, INC. Principal Place of Business Mailing Address 4238 DAVINCI AVE 4238 DAVINCI AVE JACKSONVILLE FL JACKSONVILLE FL32210 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3589398 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONAHOO THOMAS MJR 50 N LAURA ST, SUITE 2925 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL32202 US Zip 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. SIGNATURE 04/09/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (11/00) X Change ☐ Addition AUCHTER KATHERINE L MAME AUCHTER KATHERINE L NAME 2134 SHEPARD ST STREET ADDRESS STREET ADDRESS 4238 DAVINCI AVE JACKSONVILLE CITY-ST-ZIP FL 32211 CITY-ST-ZIP JACKSONVILLE D ☐ Delete TITLE X Change NAME AUCHTER GEROGE DIV NAME AUCHTER GEROGE STREET ADDRESS 2134 SHEPARD ST STREET ADDRESS 4238 DAVINCI AVE CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-ZIP JACKSONVILLE FL32210 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

04/09/2001

Daytime Phone #

Date

SIGNATURE: __Katherine L. Auchter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR