

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norrman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S24961 (2)

1. Corporation Name:

MARINE INTERNATIONAL, INC.

Principal Place of Business:

**450 RIVIERE RD
PALM HARBOR FL 34683
US**

Mailing Address:

**450 RIVIERE RD
PALM HARBOR FL 34683
US**

APPROVED
JAN 10 1996

05 MAY - 1 11 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **01/15/1991** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3041284** Applied For: ☐ Not Applicable: ☐

5. Certificate of Status Desired: ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: 2a. Mailing Address:
21. State, Apt. #, etc.: 26. State, Apt. #, etc.:
22. City & State: 27. City & State:
23. City & State: 28. City & State:
24. City & State: 25. City & State: 29. City & State: 30. City & State:

9. Name and Address of Current Registered Agent

**LORD, ROBERT A.
450 COUNTY ROAD 94
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.1502 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 607.0305, Florida Statutes.

SIGNATURE:

Signature of Registered Agent (Required for Change of Agent)

Signature of Registered Agent (Required for Change of Agent)

Signature of Registered Agent (Required for Change of Agent)

12. OFFICERS AND DIRECTORS
NAME: **PD LORD, ROBERT A.**
STREET ADDRESS: **450 COUNTY ROAD 94**
CITY, ST, ZIP: **PALM HARBOR FL**
NAME: **D LORD, LESLIE ANN**
STREET ADDRESS: **450 COUNTY ROAD 94**
CITY, ST, ZIP: **PALM HARBOR FL**
NAME: **S LORD, CELIA**
STREET ADDRESS: **450 COUNTY ROAD 94**
CITY, ST, ZIP: **PALM HARBOR FL**

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: ☐ Change ☐ Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY, ST, ZIP:
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, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 191.02(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 or Block 14 or on an attachment with an address.

SIGNATURE:

Robert R. Lord **ROBERT R. LORD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (813) 784-2992