FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS V11548 DOCUMENT # 1. Corporation Name MARINE LABOR, INC. Principal Place of Business Mailing Address ેલ્ડિ 192 1321-A 77TH STREET EAST 1321-A-77TH-STREET-EAST Terraceia 11. PALMETTO FL 34221 PALMETTO FL 34221 3(1240 3. Date Incorporated or Qualified 3a. Date of Last Report 02/04/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 192 65-0311606 21 P.O. Boo Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Ceia, Fl 23 10 Clax Trust Fund Contribution Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s 199.032, 31250 24 25 Yes No 29 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRUTZNER, SUZANNE Street Address (P.O. Box Number is Not Acceptable) **801 BAYSHORE DRIVE** 1321 MOAN St. E TERRA CEIA FL 34250 83 11. Pursuant to the provisions of Sections 607.0502 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered a year and title if applicance (NOTE: Registered Agent's gnature required when reinstating) DÄN (12/95)OFFICERS AND DIFFECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE []] DELETÉ 1.1 TITLE Addition GRUTZNER, SUZANNE NAME 1.2 NAME CR2E034 1321-A 77TH STREET EAST STREET ADDRESS 1.3 STREET ADDRESS PALMETTO FL CITY-ST-ZIP 1.4 CHY-ST-ZIP TITLE [] DELETE 2 1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-S1-ZIP 24 CITY - ST - ZIF DELETE TITLE 3 1 TIFLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STHEET ADDRESS CITY-ST-ZP 34 CITY- \$1-7IP TITLE [] DELETE 4 1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - 7IP []] DELETE TITLE 6 1 TITLE ☐ Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS City-ST-ZIP 14. I do hereby certify that the information certify that the information indicated oath; that I am an officer or director of larily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further annual report is true and accurate and that my signature shall have the same legal effect as if made under astee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name moration or or Bloo appears in Block 1/2

OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE: