FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10:08

DOCUMENT # V64371 (0)

1. Corporation Name
INDIANTOWN MARINA, INC.

Principal Place of Business	Mailing Address
16300 SW FAMEL AVE INDIANTOWN FL 34956	16300 SW FAMEL AVE INDIANTOWN FL 34956

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/10/1992	3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0356134	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$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	26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DALE, MICHAEL L.
5154 SE FEDERAL HWY
STUART FL 34997

10. Name and Address of New Registered Agent

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

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE
Signature of new registered agent, if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LINCOLN, SARA JANE	12 NAME	
STREET ADDRESS	16500 S.W. PINTO STREET	13 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	LINCOLN, RUSSELL ALLEN	22 NAME	
STREET ADDRESS	16500 S.W. PINTO STREET	23 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	LINCOLN, SARA JANE	32 NAME	
STREET ADDRESS	16500 S.W. PINTO STREET	33 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	TRUMBETAS, MARK	42 NAME	
STREET ADDRESS	16500 SW PINTO STREET	43 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL 34956	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (I) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 if changed, or on an attached sheet, with an address.

SIGNATURE: Sara Jane Lincoln SARA JANE LINCOLN 3/10/95 407-597-2405
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444033 FP