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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **V73402** **(2)**

1. Corporation Name
**SABRE MARINE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 36 MIRACLE STRIP PKWY SW<br>FT WALTON BEACH FL 32548 | 36 MIRACLE STRIP PKWY SW<br>FT WALTON BEACH FL 32548-8613 |

3. Date Incorporated or Qualified: **10/19/1992**
3a. Date of Last Report: **03/26/1996**

2. Principal Place of Business
21 | 123 McGRIFF St. N.E.
Street Address
22 |
City & State
23 | Ft. Walton Beach FL
Zip | Country
24 | 32548-4444 | 25

2a. Mailing Address
26 | same
Suite, Apt. #, etc.
27 |
City & State
28 |
Zip | Country
29 | 30

4. FEI Number: **59-3156447** ☐ 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

9. Name and Address of Current Registered Agent

FLEET, H. BART
1201 EGLIN PKWY
SHALIMAR FL 32579

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE: PD | ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME: LADURINI, CINDY | | 12 NAME | |
| STREET ADDRESS: 20 BLUEWATER POINT RD | | 13 STREET ADDRESS | |
| CITY-ST-ZIP: NICEVILLE FL | | 14 CITY-ST-ZIP | |
| TITLE: VD | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME: MCAULIFFE, KEVIN A. | | 22 NAME | |
| STREET ADDRESS: 113 11TH AVE | | 23 STREET ADDRESS | |
| CITY-ST-ZIP: SHALIMAR FL | | 24 CITY-ST-ZIP | |
| TITLE: STD | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME: LADURINI, DAVID | | 32 NAME | |
| STREET ADDRESS: 20 BLUEWATER POINT RD | | 33 STREET ADDRESS | |
| CITY-ST-ZIP: NICEVILLE FL | | 34 CITY-ST-ZIP | |
| TITLE: D | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME: BRYANT, CHERYL A. | | 42 NAME | |
| STREET ADDRESS: RT 17 BOX 403 | | 43 STREET ADDRESS | |
| CITY-ST-ZIP: FT WORTH TX | | 44 CITY-ST-ZIP | |
| TITLE: VD | ☐ DELETE | 51 TITLE | ☐ Change ☒ Addition |
| NAME: LAURIE Steffen | | 52 NAME | |
| STREET ADDRESS: 22 HIGHLAND DRIVE | | 53 STREET ADDRESS | |
| CITY-ST-ZIP: Ft. WALTON Beach 32548 | | 54 CITY-ST-ZIP | |
| TITLE: | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME: | | 62 NAME | |
| STREET ADDRESS: | | 63 STREET ADDRESS | |
| CITY-ST-ZIP: | | 64 CITY-ST-ZIP | |

CR2E034 (9/96)

14. 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 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 attachment with an address.

**SIGNATURE:** Cindy Ladurini President 3/21/97 904-244-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number