| 20400 HASKINS | | | | |
|---|--|-----------------------------------|---|------------------------------|
| | MYERS, FL 33917 | | | |
| | -, | | | |
| Current Mai | ling Address: | | | |
| 20400 HASK | INS DRIVE | | | |
| NORTH FOR | RT MYERS, FL 33917 | | | |
| EEI Numbor | . 36_4660671 | | Cartificate of Status Desir | adı No |
| FEI Number: 36-4669671 | | Certificate of Status Desired: No | | |
| Name and A | ddress of Current Registered Agent: | | | |
| WICKER, JOHN | I M. ITTANY BLVD | | | |
| | | | | |
| SUITE 101 FORT MYERS, | FL 33907 US | | | |
| SUITE 101 | FL 33907 US | | | |
| SUITE 101 FORT MYERS, | FL 33907 US I entity submits this statement for the purpose of changing i | its registered office or regis | tered agent, or both, in the State of Floric | la. |
| SUITE 101 FORT MYERS, The above named | | its registered office or regis | 0 | ^{la.} 02/05/2014 |
| SUITE 101 FORT MYERS, The above named | entity submits this statement for the purpose of changing | its registered office or regis | 0 | |
| SUITE 101 FORT MYERS, The above named | entity submits this statement for the purpose of changing is JOHN M. WICKER Electronic Signature of Registered Agent | its registered office or regis | 0 | 02/05/2014 |
| SUITE 101 FORT MYERS, The above named SIGNATURE | entity submits this statement for the purpose of changing is JOHN M. WICKER Electronic Signature of Registered Agent | its registered office or regist | 0 | 02/05/2014 |
| SUITE 101 FORT MYERS, The above named SIGNATURE Officer/Dire | entity submits this statement for the purpose of changing is : JOHN M. WICKER Electronic Signature of Registered Agent ctor Detail : | | | 02/05/2014 |
| SUITE 101 FORT MYERS, The above named SIGNATURE Officer/Dired Title | entity submits this statement for the purpose of changing a JOHN M. WICKER Electronic Signature of Registered Agent Ctor Detail : DVPS | Title | DPT | 02/05/2014 |
| SUITE 101 FORT MYERS, The above named SIGNATURE Officer/Dired Title Name Address | entity submits this statement for the purpose of changing is JOHN M. WICKER Electronic Signature of Registered Agent ctor Detail : DVPS POCKLINGTON, ROBERT L | Title Name | DPT POCKLINGTON, RHONDIA C. 20400 HASKINS DRIVE | 02/05/2014 Date |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRESIDENT

02/05/2014

FILED

Feb 05, 2014

Secretary of State

CC2209680820

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000024815

Entity Name: J & R MARINE SERVICES, INC.

Current Principal Place of Business: