

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **191967** (9)  
1. Corporation Name  
**FLORIDA DOCKING MASTERS ASSOCIATION, INC.**

**FILED**  
95 JAN 27 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**% GEORGE L MOORE**  
**8506 SYNHOFF DRIVE, BOX 1433**  
**JACKSONVILLE FL 32201**  
**61 N. ROSCOE BLVD.**  
**PONTE VEDRA BEACH FL 32082**  
**US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/28/1956** 3a. Date of Last Report **02/08/1994**  
4. FEI Number **59-0773415** 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  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**BOBBY R. MEARES**  
**61 N. ROSCOE BLVD.**  
**PONTE VEDRA BEACH FL 32082**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BOUCHELLE, HOWARD P</b>
STREET ADDRESS	<b>5538 ANCHOR LANE</b>
CITY- ST- ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<b>ST</b>
NAME	<b>MEARES, BOBBY R.</b>
STREET ADDRESS	<b>9765 SOUTHBROOK DR., APT. 4503</b>
CITY- ST- ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<b>P</b>
NAME	<b>ACKERMAN, J.T.</b>
STREET ADDRESS	<b>11540 WOODSONG LOOP SOUTH</b>
CITY- ST- ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>THOMAS, REESE M.,JR.</b>
STREET ADDRESS	<b>2881 LEON ROAD</b>
CITY- ST- ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<b>STD</b>
NAME	<b>MOORE, GEORGE L</b>
STREET ADDRESS	<b>8508 SYNHOFF DR</b>
CITY- ST- ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<b>VP</b>
NAME	<b>PARKER, DOUGLAS T.</b>
STREET ADDRESS	<b>25 S. ROSCOE BLVD.</b>
CITY- ST- ZIP	<b>PONTE VEDRA BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bobby R. Meares  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-95 ✓ 636-5577  
DATE (Year) Telephone #