

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 19 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 191967 (9)
 1. Corporation Name
FLORIDA DOCKING MASTERS ASSOCIATION, INC.



Principal Place of Business % GEORGE L MOORE 8506 SYNHOFF DRIVE, BOX 1433 JACKSONVILLE FL 32201	Mailing Address ROSCOE BLVD. PONTE VEDRA BEACH FL 32082 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/28/1956	3a. Date of Last Report 03/21/1996
4. FEI Number 59-0773415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
3811 BOWDEN CI. E.
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name Douglas T. Parker
82 Street Address (P.O. Box Number is Not Acceptable) 25 S. Roscoe Blvd.
83
84 City Ponte Vedra Beach FL
85 Zip Code 32082

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: *Douglas T. Parker SEC.* DATE: **AUG. 8-15-97**

(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	VOISIN, ERNEST
STREET ADDRESS	7718 NORTSHORE DR.
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	VP <input type="checkbox"/> DELETE
NAME	THOMAS, REESE M JR
STREET ADDRESS	2881 LEON RD.
CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	S <input type="checkbox"/> DELETE
NAME	MEARES, BOBBY R
STREET ADDRESS	3811 BOWDEN CIRCLE E.
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	M <input type="checkbox"/> DELETE
NAME	ACKERMAN, J T
STREET ADDRESS	11540 WOODSONG LOOP S.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	M/VP <input type="checkbox"/> DELETE
NAME	PARKER, DOUGLAS T
STREET ADDRESS	25 S. ROSCOE BLVD.
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: *Bladen*

CR2E034 (4/97)