

**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 # **F36072** (9)  
1. Corporation Name  
**ANCLOTE MARINE SUPPLY, INC.**

Principal Place of Business: **950 ROOSEVELT BLVD TARPON SPRINGS FL 34689-3110**  
Mailing Address: **950 ROOSEVELT BLVD TARPON SPRINGS FL 34689-3110**

**APPROVED AND FILED**  
**95 JUL -5 AM 9:03**  
**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/26/1981</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. FEI Number <b>59-2095700</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21		26	
22. State, Apt. #, etc.		27. State, Apt. #, etc.	
22		27	
23. City & State		28. City & State	
23		28	
24. Country	25. Locality	29. City	30. Country
24		29	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SCHUSTER, DONNA M. 1627 E GROVEHILL RD PALM HARBOR FL 34683</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506 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.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUSTER, DONNA M.</b>	1.2 NAME	
STREET ADDRESS	<b>1627 E GROVEHILL RD</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PALM HARBOR FL</b>	1.4 CITY, ST, ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUSTER, WILLIAM A.</b>	2.2 NAME	
STREET ADDRESS	<b>3724 SPRING VALLEY DR</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>NEW PORT RICHEY FL</b>	2.4 CITY, ST, ZIP	
TITLE	<b>VP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUSTER, ROGER T.</b>	3.2 NAME	
STREET ADDRESS	<b>3710 ELMWOOD DRIVE</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>HOLIDAY, FL 00000</b>	3.4 CITY, ST, ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUSTER, SHARON A.</b>	4.2 NAME	
STREET ADDRESS	<b>3710 ELMWOOD DRIVE</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>HOLIDAY FL</b>	4.4 CITY, ST, ZIP	
TITLE	<b>S</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUSTER, JODI L.</b>	5.2 NAME	
STREET ADDRESS	<b>3724 SPRING VALLEY DR</b>	5.3 STREET ADDRESS	
CITY, ST, ZIP	<b>NEW PORT RICHEY FL</b>	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b) Florida Statutes. I further certify that the information revealed 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. 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 unchanged or on an attachment with an address.

SIGNATURE: *Sharon Schuster* **Sharon Schuster** 5-1-95 813-934-0794  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR