

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F95000001680 (6)**

1. Corporation Name

**SENENICH WOOD PROPELLER COMPANY, INC.**



Principal Place of Business: **1005 N. SHANNON AVENUE PLANT CITY FL 33566**  
Mailing Address: **1005 N. SHANNON AVENUE PLANT CITY FL 33566**

3. Date Incorporated or Qualified: **04/06/1995**      3a. Date of Last Report

2. Principal Place of Business: **21 2008 Wood Ct.**      2a. Mailing Address: **26 4601 Forbes Blvd.**

4. FET Number: **APPLIED FOR 59-3305026**      Applied For / Not Applicable

22 Suite, Apt. #, etc.: **27 120**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23 City & State: **Plant City, FL**      28 City & State: **Lanham, MD**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

24 Zip: **33566**      25 Country: **USA**      29 Zip: **20706**      30 Country: **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.1504, 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ROWELL, DONALD J</b>		1.2 NAME	
STREET ADDRESS: <b>4304 LONGFELLOW DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>PLANT CITY FL</b>		1.4 CITY-ST-ZIP	
TITLE: <b>VST</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WAAK, TERENCE A</b>		2.2 NAME	
STREET ADDRESS: <b>15307 NORWALK CT.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>BOWIE MD</b>		2.4 CITY-ST-ZIP: <b>Bowie, MD 20716</b>	
TITLE: <b>CEO</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HOZIK, JOHN</b>		3.2 NAME	
STREET ADDRESS: <b>4601 FORBES BLVD., STE 1205</b>		3.3 STREET ADDRESS: <b>4601 Forbes Blvd., Suite 120</b>	
CITY-ST-ZIP: <b>LANHAM MD</b>		3.4 CITY-ST-ZIP: <b>Lanham, MD 20706</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BUTCHER, MCBEE</b>		4.2 NAME	
STREET ADDRESS: <b>4601 FORBES BLVD., STE 1205</b>		4.3 STREET ADDRESS: <b>4601 Forbes Blvd., Suite 120</b>	
CITY-ST-ZIP: <b>LANHAM MD</b>		4.4 CITY-ST-ZIP: <b>Lanham, MD 20706</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BUTCHER IV, HOWARD</b>		5.2 NAME	
STREET ADDRESS: <b>4601 FORBES BLVD., STE 1205</b>		5.3 STREET ADDRESS: <b>4601 Forbes Blvd., Suite 120</b>	
CITY-ST-ZIP: <b>LANHAM MD</b>		5.4 CITY-ST-ZIP: <b>Lanham, MD 20706</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BUTCHER IV, JONATHAN</b>		6.2 NAME	
STREET ADDRESS: <b>4601 FORBES BLVD., STE 1205</b>		6.3 STREET ADDRESS: <b>4601 Forbes Blvd., Suite 120</b>	
CITY-ST-ZIP: <b>LANHAM MD</b>		6.4 CITY-ST-ZIP: <b>Lanham, MD 20706</b>	

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 119.07(3)(k), 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: Terrence Waak      Terrence Waak, VST      4/15/96      301-731-0811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (City/State/Phone #)

CR2E034 (12/95)