

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

'95 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H06646**

(4)

1. Corporation Name

MARINE CONCEPTS INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**#8 OSCAR HILL ROAD
TARPON SPRINGS FL 34689
US**

Mailing Address
**#8 OSCAR HILL ROAD
TARPON SPRINGS FL 34689
US**

3. Date Incorporated or Qualified 05/31/1984	3a. Date of Last Report 04/21/1994
4. FEI Number 59-2421458	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. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Zip

9. Name and Address of Current Registered Agent

**JOHNSON, CHARLES R.
1017 SOUTH POINTE ALEXIS DRIVE
TARPON SPRINGS FL 34689**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, CHARLES R.	1.2 NAME	
STREET ADDRESS	1017 S POINTE ALEXIS DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	TARPON SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BREWER, SAM	2.2 NAME	
STREET ADDRESS	583 AUDUBON BLVD #302-C	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33963	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☒ Change ☒ Addition
NAME		3.2 NAME	SAMMYE E. JOHNSON
STREET ADDRESS		3.3 STREET ADDRESS	1017 S. POINTE ALEXIS DR.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	TARPON SPRINGS, FL 34689
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: Don Johnson (CHARLES R. JOHNSON - PRES) 4/29/95 813-937-0166