

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J85031 (9)**  
1. Corporation Name  
**FLORIDA DOCKMASTERS, INC.**

Principal Place of Business Mailing Address  
**220 N.E. MADISON CIR. NORTH  
ST. PETERSBURG FL 33702** **220 N.E. MADISON CIR. NORTH  
ST. PETERSBURG FL 33702**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/30/1987** 3a. Date of Last Report **07/21/1994**  
4. FEI Number **59-2899377** Applied For  
Not Applicable

2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
21	Suits, Apt. #, etc.	26	Suits, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
22	City & State	27	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	Zip	28	Zip		
24	Country	29	Country		

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**KELLY, LINDA L.  
220 N.E. MADISON CIRCLE NORTH  
ST. PETERSBURG FL 33702**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, LINDA L.</b>	1.2 NAME	
STREET ADDRESS	<b>220 N.E. MADISON CIR N</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, LINDA L.</b>	2.2 NAME	
STREET ADDRESS	<b>220 N.E. MADISON CIR N</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RECTOR, KEN</b>	3.2 NAME	
STREET ADDRESS	<b>220 NE MADISON CIR N</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 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)(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:

*Linda Kelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**4-19-95**  
Date

Division Number #