

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000080714 (6)

1. Corporation Name

SPECIALTY MARINE PRODUCTS, INC.



Principal Place of Business

Mailing Address

8165 SR 207  
HASTINGS FL 32145

P.O. BOX 1057  
HASTINGS FL 32145

3. Date Incorporated or Qualified  
10/01/1994

3a. Date of Last Report  
12/26/1995

2. Principal Place of Business

2a. Mailing Address

21 205 SR 207

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 St. Augustine, Florida

28

24 Zip

Country

Zip

Country

24 32095

25 St. Johns

29

30

4. FEI Number  
59-3266415

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, RALPH L  
1646 RED CYPRESS DRIVE  
JACKSONVILLE FL 32223

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 607.0072 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Ralph L. Smith*

Signature of Registered Agent (Print Name and Title of Applicant)

(Print Registered Agent's signature and date when first filed)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  DELETE  
NAME SMITH, RALPH L  
STREET ADDRESS 1646 RED CYPRESS DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE VPS  DELETE  
NAME FREEMAN, MICHEAL R  
STREET ADDRESS 8705 COUNTRY WOODS CT.  
CITY-ST-ZIP INDIANAPOLIS IN 46217

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing was 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, the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ralph L. Smith*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/21/96

904-823-9294

DATE

PHONE NUMBER

CR2E034 (3/96)