

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 AM 10:31

DOCUMENT # V17705 (7)

1. Corporation Name
MEICZINGER MARINE, INC.

Principal Place of Business
**12903 TEAKWOOD LANE
BAYONET POINT FL 34667**

Mailing Address
**12903 TEAKWOOD LANE
BAYONET POINT FL 34667**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/28/1992** 3a. Date of Last Report **01/31/1994**
4. FEI Number **59-3132912** Applied For
Not Applicable

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

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

**MEICZINGER, JOYCE T.
12903 TEAKWOOD LANE
BAYONET POINT FL 34667**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **MEICZINGER, RONALD J.**
STREET ADDRESS **12903 TEAKWOOD LANE**
CITY - ST - ZIP **BAYONET POINT FL**

TITLE **S**
NAME **MEICZINGER, JOYCE T.**
STREET ADDRESS **12903 TEAKWOOD LANE**
CITY - ST - ZIP **BAYONET LANE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. 1 TITLE **President** Change Addition
1. 2 NAME
1. 3 STREET ADDRESS
1. 4 CITY - ST - ZIP

2. 1 TITLE Change Addition
2. 2 NAME
2. 3 STREET ADDRESS
2. 4 CITY - ST - ZIP

3. 1 TITLE Change Addition
3. 2 NAME
3. 3 STREET ADDRESS
3. 4 CITY - ST - ZIP

4. 1 TITLE Change Addition
4. 2 NAME
4. 3 STREET ADDRESS
4. 4 CITY - ST - ZIP

5. 1 TITLE Change Addition
5. 2 NAME
5. 3 STREET ADDRESS
5. 4 CITY - ST - ZIP

6. 1 TITLE Change Addition
6. 2 NAME
6. 3 STREET ADDRESS
6. 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing to voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Joyce T. Meiczinger* **Joyce T. Meiczinger** **3/31/95** **868-6914**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Telephone)