

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 3:26

DOCUMENT # 012136 (8)

1. Corporation Name
MERRILL-STEVENS DRY DOCK CO.

Principal Place of Business

Mailing Address

**1270 N.W. 11TH STREET
POST OFFICE BOX 1980
MIAMI FL 33125-1801**

**1270 N.W. 11TH STREET
POST OFFICE BOX 1980
MIAMI FL 33125-1801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/07/1923** 3a. Date of Last Report **03/02/1994**

| | | | |
|--------------------------------|---------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-0357280 | Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 21 | 26 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 22 | 27 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| City & State | City & State | | |
| 23 | 28 | | |
| Zip | Country | | |
| 24 | 25 | | |
| | 29 | | |
| | 30 | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERRILL, JAMES C III
1270 NW 11TH ST.
MIAMI FL 33125**

| | |
|---|-----------|
| 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 _____ DATE _____
Signature typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when necessary)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOWLER, E. M | 1.2 NAME | |
| STREET ADDRESS | 3188 ARGONNE DR., NW | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ATLANTA GA | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVERINGHAM, P. B. | 2.2 NAME | |
| STREET ADDRESS | 2802 SAN DOMINGO ST. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL GABLES FL | 2.4 CITY - ST - ZIP | |
| TITLE | PD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRTLAND, F. W. | 3.2 NAME | |
| STREET ADDRESS | 7880 S.W. 48TH COURT | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 3.4 CITY - ST - ZIP | |
| TITLE | CD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERRILL, J. C., JR. | 4.2 NAME | |
| STREET ADDRESS | 821 ADUANA AVE. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL GABLES FL | 4.4 CITY - ST - ZIP | |
| TITLE | SVD | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERRILL, JAMES C III | 5.2 NAME | |
| STREET ADDRESS | 1270 NW 11TH ST. | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 5.4 CITY - ST - ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERRILL, R.H. | 6.2 NAME | |
| STREET ADDRESS | 821 ADUANA AVE | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL GABLES FL | 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: _____
ORIGINAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5 1995 **35-324-5211**
Date Daytime Phone #