

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001680 (6)

1. Corporation Name

SENENICH WOOD PROPELLER COMPANY, INC.



Principal Place of Business: **1005 N. SHANNON AVENUE PLANT CITY FL 33566**
Mailing Address: **1005 N. SHANNON AVENUE PLANT CITY FL 33566**

3. Date Incorporated or Qualified: **04/06/1995** 3a. Date of Last Report

2. Principal Place of Business: **21 2008 Wood Ct.** 2a. Mailing Address: **26 4601 Forbes Blvd.**

4. FET Number: **APPLIED FOR 59-3305026** Applied For / Not Applicable

22 Suite, Apt. #, etc.: **27 120**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 City & State: **Plant City, FL** 28 City & State: **Lanham, MD**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

24 Zip: **33566** 25 Country: **USA** 29 Zip: **20706** 30 Country: **USA**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1504, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWELL, DONALD J	1.2 NAME	
STREET ADDRESS	4304 LONGFELLOW DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAAK, TERENCE A	2.2 NAME	
STREET ADDRESS	15307 NORWALK CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOWIE MD	2.4 CITY-ST-ZIP	Bowie, MD 20716
TITLE	CEO <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOZIK, JOHN	3.2 NAME	
STREET ADDRESS	4601 FORBES BLVD., STE 1205	3.3 STREET ADDRESS	4601 Forbes Blvd., Suite 120
CITY-ST-ZIP	LANHAM MD	3.4 CITY-ST-ZIP	Lanham, MD 20706
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCHER, MCBEE	4.2 NAME	
STREET ADDRESS	4601 FORBES BLVD., STE 1205	4.3 STREET ADDRESS	4601 Forbes Blvd., Suite 120
CITY-ST-ZIP	LANHAM MD	4.4 CITY-ST-ZIP	Lanham, MD 20706
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCHER IV, HOWARD	5.2 NAME	
STREET ADDRESS	4601 FORBES BLVD., STE 1205	5.3 STREET ADDRESS	4601 Forbes Blvd., Suite 120
CITY-ST-ZIP	LANHAM MD	5.4 CITY-ST-ZIP	Lanham, MD 20706
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCHER IV, JONATHAN	6.2 NAME	BUTCHER, JONATHAN
STREET ADDRESS	4601 FORBES BLVD., STE 1205	6.3 STREET ADDRESS	4601 Forbes Blvd., Suite 120
CITY-ST-ZIP	LANHAM MD	6.4 CITY-ST-ZIP	Lanham, MD 20706

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: Terrence Waak Terrence Waak, VST 4/15/96 301-731-0811

CR2E034 (12/95)