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

APPROVED AND FILED
1995 FEB -6 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 208123 (0)

1. Corporation Name
PIONEER MARINE PRODUCTS, INC.

Principal Place of Business	Mailing Address
3611 N W 74TH ST MIAMI FL 33147	3611 N W 74TH ST MIAMI FL 33147

700001401917
-02/09/95--01068--001
***4400.00 ****200.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1957
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-0905307 ☐ 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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

HEGAMYER,WILLIAM H
520 N MASHTA DR
KEY BISCAYNE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 33149

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	☐ Change ☒ Addition
NAME	HEGAMYER,W H	1.2 NAME	
STREET ADDRESS	511 N. MASHTA DRIVE	1.3 STREET ADDRESS	ZIP 33149
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☒ Addition
NAME	HEGAMYER,L K	2.2 NAME	
STREET ADDRESS	511 N. MASHTA DRIVE	2.3 STREET ADDRESS	ZIP 33149
CITY-ST-ZIP	KEY BISCAYNE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☒ Addition
NAME	ROBINSON, CHARLES V	3.2 NAME	
STREET ADDRESS	1550 NE 123 ST, N-307	3.3 STREET ADDRESS	ZIP 33161
CITY-ST-ZIP	N MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☒ Addition
NAME	HEGAMYER, K L	4.2 NAME	
STREET ADDRESS	261 GREENWOOD DR	4.3 STREET ADDRESS	ZIP 33149
CITY-ST-ZIP	KEY BISCAYNE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☒ Addition
NAME	MARTY, D C	5.2 NAME	
STREET ADDRESS	7850 SW 67 TERRACE	5.3 STREET ADDRESS	ZIP 33143
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☒ Addition
NAME	HINCKLEY, H D	6.2 NAME	
STREET ADDRESS	6085 ROLING RD DR	6.3 STREET ADDRESS	ZIP 33156
CITY-ST-ZIP	MIAMI 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: William H. Hegamyer 1/12/95 (305) 696-0830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0161273 CP