


**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90070 024 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																													
<b>DOCUMENT # 283125</b> 1. Corporation Name <b>MASTRY MARINE AND INDUSTRIAL SUPPLY, INC.</b>																																																																																																																	
Principal Place of Business <b>2895 46TH AVE. NORTH</b> <b>ST PETERSBURG FL 33714</b>			Mailing Address <b>2895 46TH AVE. NORTH</b> <b>ST PETERSBURG FL 33714</b>																																																																																																														
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip - Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip - Country 29		3. Date Incorporated or Qualified <b>07/09/1964</b> 4. FEI Number <b>59-1083881</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																													
8. Name and Address of Current Registered Agent <b>MASTRY, CONSTANTINE E.</b> <b>12430 81ST PLACE NORTH</b> <b>SEMINOLE FL 33542</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 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 <i>Constantine E. Masty</i> (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																	
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MASTRY, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2220 PINELLAS PT DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MASTRY, CONSTANTINE E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8360 73RD COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PINELLAS PARK FL 33781</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MASTRY, ADIB A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1281 79TH ST S</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>YAPINS, DOUGLAS W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5590 32ND AVE N</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST PETERSBURG FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	VD	<input type="checkbox"/> DELETE	NAME	MASTRY, RICHARD		STREET ADDRESS	2220 PINELLAS PT DR		CITY-ST-ZIP	ST. PETERSBURG FL		TITLE	PD	<input type="checkbox"/> DELETE	NAME	MASTRY, CONSTANTINE E.		STREET ADDRESS	8360 73RD COURT		CITY-ST-ZIP	PINELLAS PARK FL 33781		TITLE	SD	<input type="checkbox"/> DELETE	NAME	MASTRY, ADIB A.		STREET ADDRESS	1281 79TH ST S		CITY-ST-ZIP	ST. PETERSBURG FL		TITLE	TD	<input type="checkbox"/> DELETE	NAME	YAPINS, DOUGLAS W		STREET ADDRESS	5590 32ND AVE N		CITY-ST-ZIP	ST PETERSBURG FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONSTANTINE E. MASTRY

5/4/99

Daytime Phone #

727 522 9471

CR2E034 (1/198)