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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB 23 PM 2:58

DOCUMENT # 307566 (O)

1. Corporation Name
ATLANTIC DRY DOCK CORP

Principal Place of Business	Mailing Address
8500 HECKSCHER DRIVE FORT GEORGE ISLAND FL 32226	8500 HECKSCHER DRIVE FORT GEORGE ISLAND FL 32226

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1966	3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-1153028	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SELLERS, DANIEL C. JR.
8500 HECKSCHER DR.
JACKSONVILLE FL 32226

10. Name and Address of New Registered Agent

81 Name: David F. Woods
82 Street Address (P.O. Box Number is Not Acceptable): 8500 Heckscher Drive
83
84 City: Jacksonville FL 85 Zip Code: 32226

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 (signature) David F. Woods 2/13/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	SELLERS, DANIEL C JR	1.2 NAME	
STREET ADDRESS	2617 CHARLOTTE OAKS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, CRAWFORD L.	2.2 NAME	
STREET ADDRESS	5225 EDGEWOOD CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	GIBBS, GEORGE W III	3.2 NAME	
STREET ADDRESS	8500 HECKSCHER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT GEORGE ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	DOHERTY, EDWARD P	4.2 NAME	
STREET ADDRESS	5709 SALERNO ROAD	4.3 STREET ADDRESS	4105 VENETIA BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	JONES, THOMAS P., JR.	5.2 NAME	
STREET ADDRESS	1452 SEMINOLE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	FLEMING, EDWARD J. J	6.2 NAME	
STREET ADDRESS	11513 WOODSONG LOOP S.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE 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: (signature) 1/18/95 (904) 251-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David F. Woods, Chief Financial Officer

0003021 CP