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

95 FEB 28 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 332980 (2)

1. Corporation Name
HYDE MARINE INCORPORATED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2200 ELLER DRIVE P.O. BOX 13208 FT. LAUDERDALE FL 33316	2200 ELLER DRIVE P.O. BOX 13208 FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 07/24/1968
3a. Date of Last Report: 04/08/1994

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:

4. FEI Number: 59-1216042 ☐ 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

9. Name and Address of Current Registered Agent

GENE DOUGLAS
2200 ELLER DRIVE
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	V/T/D	☒ Change ☐ Addition
NAME	FARMER, GERALD	1.2 NAME		
STREET ADDRESS	9261 NW 16TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRGS. FL	1.4 CITY-ST-ZIP		
TITLE	DC	2.1 TITLE		☒ Change ☐ Addition
NAME	~~HYDE, HANS J~~	2.2 NAME	Delete	
STREET ADDRESS	~~2550 DEL LAGO DRIVE~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	C/P/D	☒ Change ☐ Addition
NAME	HYDE, J. ERIK	3.2 NAME		
STREET ADDRESS	144 ALEXANDER PALM ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP		
TITLE	VS	4.1 TITLE		☐ Change ☐ Addition
NAME	DOUGLAS, GENE	4.2 NAME		
STREET ADDRESS	2200 ELLER DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	SANTOS, ROBERT A	5.2 NAME		
STREET ADDRESS	5741 SW 18TH ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	SWEENEY, EUGENE F.	6.2 NAME		
STREET ADDRESS	4450 N.W. 24TH TERR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON 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)(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 asterisk.

SIGNATURE: Gene Douglas 2/15/95 (305) 524-4200, Ext. 800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gene Douglas VP Sec.

0234884 CP