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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 357313 (6)

1. Corporation Name:
HANSEN MARINE WAYS, INC.



Principal Place of Business Mailing Address
5415 PALM BEACH BLVD 5415 PALM BEACH BLVD
P.O. BOX 50903 P.O. BOX 50903
FORT MYERS FL 33905 FORT MYERS FL 33905-2749

3. Date Incorporated or Qualified 12/30/1969 3a. Date of Last Report 04/16/1996
4. FEI Number 59-1279818 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 33994-0903 25 29 33994-0903 30

9. Name and Address of Current Registered Agent

HANSEN, A ERNEST
8289 BOONESBORO ROAD
P O BOX 50903
FT MYERS FL 33905-3391

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 33994-0903

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

A Ernest Hansen
Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	HANSEN, A ERNEST	8289 BOONESBORO ROAD	N FT MYERS FL 33917	<input type="checkbox"/>
VD	HANSEN, HANS C	5501 PARK D	FT MYERS FL 33908	<input type="checkbox"/>
ST	HANSEN, FRANCES	8289 BOONESBORO ROAD	N FT MYERS FL 33917	<input type="checkbox"/>
D	HANSEN, FRANCES	8289 BOONESBORO RD	FT MYERS FL 33917	<input type="checkbox"/>
AST	HOKE, JENNIE H	8289 BOONESBORO RD.	N FT MYERS FL 33917	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

A Ernest Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97 941-543-3235

Date

Daytime Phone #

CR2E034 (9/96)