

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 357313

1. Corporation Name

HANSEN MARINE WAYS, INC.

Principal Place of Business

5415 PALM BEACH BLVD
P.O. BOX 50903
FORT MYERS FL 33994-0903
US

Mailing Address

5415 PALM BEACH BLVD
P.O. BOX 50903
FORT MYERS FL 33997-0903
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1969

4. FEI Number

59-1279818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

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

33917

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HANSEN, A ERNEST
STREET ADDRESS 8289 BOONESBORO ROAD
CITY-ST-ZIP N FT MYERS FL 33917 ☐ DELETE

TITLE VD
NAME HANSEN, HANS C
STREET ADDRESS 5501 PARK RD
CITY-ST-ZIP FT MYERS FL 33908 ☐ DELETE

TITLE ST
NAME HANSEN, FRANCES
STREET ADDRESS 8289 BOONESBORO ROAD
CITY-ST-ZIP N FT MYERS FL 33917 ☐ DELETE

TITLE D
NAME HANSEN, FRANCES
STREET ADDRESS 8289 BOONESBORO RD
CITY-ST-ZIP FT MYERS FL 33917 ☐ DELETE

TITLE AST
NAME HOKE, JENNIE H
STREET ADDRESS 8289 BOONESBORO RD.
CITY-ST-ZIP N FT MYERS FL 33917 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Frances Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

DATE

941-543-3235

Daytime Phone #

CR2E034 (1/98)