

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JAN 13 AM 8:51

DOCUMENT # 404582 (9)

1. Corporation Name
VILLAGE MARINA, INC.

Principal Place of Business: **396 TORPEY RD. FT. PIERCE FL 34946**
Mailing Address: **396 TORPEY RD. FT. PIERCE FL 34946**

DO NOT WRITE IN THIS SPACE

3. Date Received or Certified 07/10/1972	3a. Date of Last Report 01/20/1994
4. FEI Number 59-1843881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May be Added to Funs
8. This corporation has liability for intangible tax under 5-100.00, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. #, etc. 22	Date, 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
**CLAYTON, HENRY H.
396 TORPEY RD.
FT. PIERCE FL 34946**

10. Name and Address of Now Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Accepted)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement by the president or chairman of 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE _____ (Signature, Name or printed name of registered agent or officer of agent) _____ (Name, Title, Address, City, State and Zip of registered agent or company)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD CLAYTON, HENRY H. BOX 396 TORPEY RD. FT. PIERCE FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V TAYLOR, VIOLET BOX 396 TORPEY RD. FT PIERCE, FL 00000	7. TITLE 8. NAME 9. STREET ADDRESS 10. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 130.01, 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: *Henry H. Clayton* 1/12/95 407 464 4391
Violet Taylor 1/12/95 407-464-4391
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR