SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 25 AM 8:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **506655** **(0)**

1. Corporation Name
GALATI'S MARINE, INC.

Principal Place of Business	Mailing Address
900 S BAY BLVD BOX 662 ANNA MARIA FL 34216	900 S BAY BLVD BOX 662 ANNA MARIA FL 34216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1976**
3a. Date of Last Report: **06/23/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-1691932** ☐ 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	10. Name and Address of New Registered Agent
GALATI, JOSEPH 900 SOUTH BAY BLVD. ANNA MARIA FL 34216	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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	SD	11 TITLE	☐ Change ☐ Addition	
NAME	GALATI, CARMINE	12 NAME		
STREET ADDRESS	900 SOUTH BAY BLVD	13 STREET ADDRESS		
CITY ST ZIP	ANNA MARIA FL	14 CITY ST ZIP		
TITLE	PD	21 TITLE	☐ Change ☐ Addition	
NAME	GALATI, JOSEPH	22 NAME		
STREET ADDRESS	900 SOUTH BAY BLVD	23 STREET ADDRESS		
CITY ST ZIP	ANNA MARIA FL	24 CITY ST ZIP		
TITLE	TD	31 TITLE	☐ Change ☐ Addition	
NAME	GALATI, MICHAEL A, JR	32 NAME		
STREET ADDRESS	900 SOUTH BAY BLVD	33 STREET ADDRESS		
CITY ST ZIP	ANNA MARIA FL	34 CITY ST ZIP		
TITLE	VD	41 TITLE	☐ Change ☐ Addition	
NAME	GALATI, CHRISIOPHER	42 NAME		
STREET ADDRESS	900 SOUTH BAY BLVD	43 STREET ADDRESS		
CITY ST ZIP	ANNA MARIA FL	44 CITY ST ZIP		
TITLE	D	51 TITLE	☒ Change ☐ Addition	
NAME	GALATI, ANNA M	52 NAME		
STREET ADDRESS	628HAMPSHIRE LANE	53 STREET ADDRESS	606 NORTH POINT DR.	
CITY ST ZIP	HOLMES BCH. FL	54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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 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 above, or on an attachment with an address.

SIGNATURE: CARMINE GALATI 7-21-95 (813) 778-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0164006 FP