

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 AM 11:21

DOCUMENT # 558266

(3)

1. Corporation Name

ROUILLARD'S MARINE, INC.

Principal Place of Business

**MILE MARKER 98 1/4
BAYSIDE
KEY LARGO FL 33037**

Mailing Address

**MILE MARKER 98 1/4
BAYSIDE
KEY LARGO FL 33037**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1978

3a. Date of Last Report

01/25/1994

4. FEI Number

59-1826634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees Required**

6. Election Campaign Financing

☐

**\$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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARKAS, HAROLD PETER
600 CONCORD BUILDING
MIAMI FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

ROUILLARD, VICKI L

STREET ADDRESS

PO BOX 845, US #1

CITY- ST- ZIP

KEY LARGO, FL 00000

1. TITLE

☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

TITLE

PD

NAME

ROUILLARD, RONNIE E

STREET ADDRESS

PO BOX 845, US #1

CITY- ST- ZIP

KEY LARGO, FL 00000

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE

VST

NAME

ROUILLARD, VICKI L

STREET ADDRESS

PO BOX 845, US #1

CITY- ST- ZIP

KEY LARGO, FL 00000

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(b), 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 discover 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:

Vicki L. Rouillard
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICKI L. ROUILLARD

1/25/95

305-850-3090