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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:05

DOCUMENT # 560130 (7)

1. Corporation Name
CAUSEWAY MARINE CORPORATION

Principal Place of Business	Mailing Address
4 NORTH CAUSEWAY NEW SMYRNA BCH. FL 32169	4 NORTH CAUSEWAY NEW SMYRNA BCH. FL 32169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/17/1978
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 59-1798684 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WRIGHT, THOMAS D.
340 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32169

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

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	PTD	1.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, CHARLES E.	1.2 NAME		
STREET ADDRESS	4 N CAUSEWAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		XX Change ☐ Addition
NAME	KOVACS, THOMAS J.	2.2 NAME		
STREET ADDRESS	1212 WAYNE AVE	2.3 STREET ADDRESS	1215 Williams Road	
CITY-ST-ZIP	NEW SMYRNA BCH FL	2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	VSD	3.1 TITLE		XX Change ☐ Addition
NAME	PARSLEY, JAMES R.	3.2 NAME		
STREET ADDRESS	827 SAWGRASS LANE	3.3 STREET ADDRESS	2721 Woodland Drive	
CITY-ST-ZIP	NEW SMYRNA BCH FL	3.4 CITY-ST-ZIP	Edgewater, FL 32141	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: CHARLES E. JORDAN, PRESIDENT 1-25-95 904 427-5267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018038 CP