

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Murrain
Secretary of State
Office of the Secretary of State
1000 North G Street, Tallahassee, Florida 32304-0001

**APPROVED
AND
FILED**

50 MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 607922

(2)

1. Corporation Name:

NAUTICAL SYSTEMS, INC.

Principal Place of Business:

**416 SW 62ND AVE.
HOLLYWOOD FL 33023**

Mailing Address:

**416 SW 62ND AVE.
HOLLYWOOD FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Chartered: **01/25/1979** 3a. Date of Last Report: **06/16/1994**

4. FEI Number: **59-1879163** 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 has authority for management for another state (see code): Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business:

21 State: Apt. # etc:

2a. Mailing Address:

26 State: Apt. # etc:

22 City & State:

27 City & State:

23 City & State:

28 City & State:

24 City & State:

25 City & State:

29 City & State:

30 City & State:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WISMAN, GLENN T
416 SW 62 AVE.
HOLLYWOOD FL 33023**

B1 Name:

B2 Street Address (P.O. Box Number is Not Acceptable):

B3 City:

B4 City:

FL **B5** Zip Code:

11. Pursuant to the provisions of Sections 607.050(2) 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 provisions of Sections 607.050(2) Florida Statutes.

SIGNATURE:

(Signature of the Registered Agent or the person authorized to sign on behalf of the corporation)

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SIGNATURE:

T. J. Wisman

GLENN T. WISMAN

5-19-95 (305) 525-2477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

RECEIVED
FILED
MAY 22 1995
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995	FLORIDA DEPARTMENT OF STATE Tallahassee, Florida Secretary of State CORPORATION - STATE REPORT
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DOCUMENT # 609240

(7)

1. Corporation Name

CHRISTENSEN HOME BUILDERS, INC.

Principal Place of Business 5327 COMMERCIAL WAY SUITE D119 SPRING HILL FL 34606 US	Mailing Address 5327 COMMERCIAL WAY SUITE D 119 SPRING HILL FL 34606 US
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(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date first incorporated or organized 02/08/1979	3a. Date of last Report 04/08/1994
22	27	4. FET Number 59-1910550	Applied For Not Applicable
23	28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
25	30	8. This corporation has liability for intangible tax under 19-102, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent CHRISTENSEN, PREBEN B 5327 COMMERCIAL WAY SUITE D119 SPRING HILL FL 34606	
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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 220.01 and 220.1506, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office (as required) a post office 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 duties of a registered agent under Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS, DIRECTORS AND EMPLOYEES
NAME: CHRISTENSEN, JORGEN B STREET ADDRESS: 4467 JACONA CITY: HERNANDO BCH, FL 00000	NAME: _____ STREET ADDRESS: _____ CITY: _____
NAME: CHRISTENSEN, LYNDIA N STREET ADDRESS: 13044 BRIDAL PATH CITY: BROOKSVILLE FL	NAME: _____ STREET ADDRESS: _____ CITY: _____
NAME: CHRISTENSEN, PREBEN B STREET ADDRESS: 13044 BRIDAL PATH CITY: BROOKSVILLE FL	NAME: _____ STREET ADDRESS: _____ CITY: _____
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NAME: _____ STREET ADDRESS: _____ CITY: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 220.01 and 220.1506, Florida Statutes. I further certify that this information is indicated on this annual report or supplemental annual report as true and accurate and that my signature shall serve 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: Lyndia N. Christensen
Lyndia N. Christensen
5-15-95 904-596-3464