

**CORPORATION
ANNUAL REPORT
1995**



Florida Department of
Revenue
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 653595

(9)

1. Corporation Name

MARINERS DEVELOPMENT, INC.

95 MAR 14 AM 8:25

Principal Place of Business

**1 BEAL PARKWAY
FT WALTON BCH FL 32548**

Mailing Address

**1 BEAL PARKWAY
FT WALTON BCH FL 32548**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/25/1980

3a. Date of Last Report

03/24/1994

4. FEI Number

59-2014253

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

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

22

State, 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

10. Name and Address of New Registered Agent

**SENNER, GERALD
1 BEAL PKWY
FORT WALTON BEACH FL 32548**

81 Name

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

83

84 City

FL

85 Zip Code

SIGNATURE

Signature (Typed or printed name of registered agent and the filer)

DATE (Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PS
SENNER, GERALD E
131 LAKEWOOD ESTATES DR.
NEW ORLEANS LA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I hereby certify that the information required 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 supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION DATE