

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT 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 JUN 16 AM 10:28

DOCUMENT # 714283 (9)

1. Corporation Name
MARINE INDUSTRIES ASSOCIATION OF MANATEE & SARASOTA COUNTIES, INC.

Principal Place of Business Mailing Address
P.O. BOX 5552 BRANDENTON FL 34281 US
P.O. BOX 5552 BRANDENTON FL 34281 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/20/1968** 3a. Date of Last Report **02/25/1994**
4. FEI Number **23-7033568** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
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
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITTAKER, THOMAS E.
4567 WINNERS CIRCLE, #1823 --
SARASOTA FL 34230 --

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1521 S. TAMiami TRAIL, SUITE 303
83
84 City **VENICE** 85 Zip Code **FL 34292**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALATI, JOSEPH
STREET ADDRESS	900 S. BAY BLVD.
CITY - ST - ZIP	ANNA MARIA FL -
TITLE	V
NAME	WHIPP, EUGENE
STREET ADDRESS	1604 CITY ISLAND RD.
CITY - ST - ZIP	SARASOTA FL
TITLE	S
NAME	HOUSLEY, WILLIAM
STREET ADDRESS	3060 PLACIDA RD.
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	T
NAME	WHITTAKER, THOMAS E.
STREET ADDRESS	4567 WINNERS CIRCLE, #1823
CITY - ST - ZIP	SARASOTA FL --
TITLE	D
NAME	STAUDT, GREG
STREET ADDRESS	100 CIRCUIT RD.
CITY - ST - ZIP	HOKOMIS FL -
TITLE	D
NAME	MILLER, DAVID
STREET ADDRESS	6040 GULF OF MEXICO DR. -
CITY - ST - ZIP	LONGBOAT KEY FL -

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	LOU GUTSHELL	
1 3 STREET ADDRESS	1061 KEN THOMPSON PARKWAY	
1 4 CITY - ST - ZIP	SARASOTA, FL 34236	
2 1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS	1601 KEN THOMPSON PARKWAY	
2 4 CITY - ST - ZIP	34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 1 TITLE		
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS	1521 S. TAMiami TRAIL, SUITE 303	
4 4 CITY - ST - ZIP	VENICE, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	BEN PARRISH	
5 3 STREET ADDRESS	6040 GULF OF MEXICO DRIVE	
5 4 CITY - ST - ZIP	LONGBOAT KEY, FL	
6 1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	BILL MUDGETT	
6 3 STREET ADDRESS	1651 WHITFIELD AVENUE	
6 4 CITY - ST - ZIP	BRADENTON, FL 34243	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas E. Whittaker - Thomas E. Whittaker 6/13/95 941-493-5299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)