FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAY 26 PM 8:23

DOCUMENT # **722255** **(7)**

1. Corporation Name

MARINE INDUSTRIES ASSOCIATION OF GREATER TAMPA B AY INC.

Principal Place of Business	Mailing Address
P.O. BOX 1365 CLEARWATER FL 34617	P.O. BOX 1365 CLEARWATER FL 34617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1971**
3a. Date of Last Report: **10/10/1994**
4. FEI Number: **59-1559899** ☐ 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 XX **$68.75** Supplemental Fee Not Required
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KIRN, ROBERT G.
603 PINELLAS STREET
CLEARWATER FL 34616

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	PD	11 TITLE		☐ Change ☐ Addition
NAME	KIRN, ROBERT G.	12 NAME		
STREET ADDRESS	603 PINELLAS ST	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	HITCH, DOUG	22 NAME		
STREET ADDRESS	3839 4TH STREET N.	23 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	Treasurer	XX Change ☐ Addition
NAME	BAER, DAVID	32 NAME		
STREET ADDRESS	235 WINDARD PASSAGE	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP		
TITLE	DT	41 TITLE	SECRETARY	XX Change ☐ Addition
NAME	ALLEN, WILLIAM D.	42 NAME	WENDT, SUSAN	
STREET ADDRESS	309 S. LINCOLN	43 STREET ADDRESS	17908 SIMMS ROAD	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	ODESSA, FL. 33556	
TITLE	D	51 TITLE	DIRECTOR	XX Change ☐ Addition
NAME	MERRITT, JACK	52 NAME	IVAN WOLF	
STREET ADDRESS	6300 PASADENA POINT BLVD	53 STREET ADDRESS	19321 US19 N	
CITY-ST-ZIP	GULFPORT FL	54 CITY-ST-ZIP	CLEARWATER,FL. 34624	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT G. KIRN PRES. 5/1/95 531-1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066280