

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 722255 (7)

1. Corporation Name

MARINE INDUSTRIES ASSOCIATION OF GREATER TAMPA BAY INC.

Principal Place of Business

P.O. BOX 1365
CLEARWATER FL 34617

Mailing Address

P.O. BOX 1365
CLEARWATER FL 34617



3. Date Incorporated or Qualified
12/13/1971

3a. Date of Last Report
05/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

KIRN, ROBERT G.
603 PINELLAS STREET
CLEARWATER FL 34616

81 Name

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

300 S. Duncan Ave. #189

83

84 City

Clearwater

FL

85 Zip Code
34615

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.

ROBERT G. KIRN

(NOTE: Registered Agent signature required when reinstating)

DATE

5/3/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KIRN, ROBERT G.
603 PINELLAS ST
CLEARWATER FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HITCH, DOUG
3839 4TH STREET N.
ST. PETERSBURG FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BAER, DAVID
235 WINDARD PASSAGE
CLEARWATER FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WENDT, SUSAN
17908 SIMMS RD
ODESSA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOLF, IVAN
19321 US 19 NORTH
CLEARWATER FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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:

ROBERT G. KIRN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT G. KIRN

5/3/96

813 447-8892

Daytime Phone #

CR2E037 (12/95)