

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 # 724881 (8)

1. Corporation Name

SOUTHEAST SHIPYARD ASSOCIATION, INC.



Principal Place of Business

400 N ASHLEY DR
P. O. BOX 1288
TAMPA FL 33601

Mailing Address

P.O. BOX 3202
P. O. BOX 1288
MOBILE AL 36652
US

3. Date Incorporated or Qualified
11/27/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 1200 Sertoma Drive

2a. Mailing Address

26 1200 Sertoma Drive

4. FEI Number
23-7376750

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22

27

City & State

City & State

23 Tampa, Florida

28 Tampa, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33605

25 Hillsborough

29 33605

30 Hillsborough

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOYT, BROOKS P.
2900 BARNETT PLAZA
101 E KENNEDY BLVD
TAMPA FL 33602

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BELL, HARRY L.
STREET ADDRESS 3440 DUNWOODY DRIVE
CITY - ST - ZIP PENSACOLA FL

TITLE D ☐ DELETE
NAME CROUSHORE, BRUCE J.
STREET ADDRESS 265 S. WATER ST.
CITY - ST - ZIP MOBILE AL

TITLE D ☒ DELETE
NAME DOHERTY, EDWARD P.
STREET ADDRESS 5700 SALERNO DRIVE
CITY - ST - ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME DANE, JOHN
STREET ADDRESS 738 WEST BEACH
CITY - ST - ZIP PASS CHRISTIAN MS

TITLE P ☐ DELETE
NAME KELLY, DEAN R.
STREET ADDRESS GATE B DUNLAP DR., PINTO ISLAND
CITY - ST - ZIP MOBILE AL

TITLE VP ☐ DELETE
NAME D. LOY STEWARD
STREET ADDRESS RT 2 BOX 180
CITY - ST - ZIP MT. PLEASANT SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☐ Change ☒ Addition
12 NAME Arthur A. Whiting
13 STREET ADDRESS 1200 Sertoma Drive
14 CITY - ST - ZIP Tampa, Florida 33605

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE D ☒ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)