

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

1200 SERTOMA DRIVE  
TAMPA FL 336051200 SERTOMA DRIVE  
TAMPA FL 336053. Date Incorporated or Qualified  
11/27/19723a. Date of Last Report  
05/14/1996

2. Principal Place of Business

2a. Mailing Address

21 13085 Industrial Road

26 P.O. Box 3029

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Attn: Harvey Walpert

27 Attn: Harvey Walpert

City &amp; State

City &amp; State

23 Gulfport MS

28 Gulfport MS

Zip

Country

Zip

Country

24 30503

25

29 39505

30

4. FEI Number

23-7376750

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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.  
3000 BARNETT PLAZA  
101 E KENNEDY BLVD  
TAMPA FL 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BELL, HARRY L.  
STREET ADDRESS 3440 DUNWOODY DRIVE  
CITY-ST-ZIP PENSACOLA FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME CROUSHORE, BRUCE J.  
STREET ADDRESS 265 S. WATER ST.  
CITY-ST-ZIP MOBILE AL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE P ☒ DELETE  
NAME WHITING, ARTHUR A  
STREET ADDRESS 1200 SERTOMA DRIVE  
CITY-ST-ZIP TAMPA FL 336053.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Walpert, Harvey  
3.3 STREET ADDRESS 13085 Industrial Seaway Road  
3.4 CITY-ST-ZIP Gulfport, MS 39503TITLE D ☐ DELETE  
NAME DANE, JOHN  
STREET ADDRESS 798 WEST BEACH  
CITY-ST-ZIP PASS CHRISTIAN MS4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Dane, John  
4.3 STREET ADDRESS 13085 Industrial Seaway Road  
4.4 CITY-ST-ZIP Gulfport, MS 39503TITLE D ☐ DELETE  
NAME KELLY, DEAN R.  
STREET ADDRESS GATE B DUNLAP DR., PINTO ISLAND  
CITY-ST-ZIP MOBILE AL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE VP ☐ DELETE  
NAME D. LOY STEWARD  
STREET ADDRESS RT 2 BOX 180  
CITY-ST-ZIP MT. PLEASANT SC6.1 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 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 117, 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

Harvey Walpert, President

Date

601/897-4805

Daytime Phone # 0047213

CR2E037 (9/96)