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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

724881

(8)

SOUTHEAST SHIPYARD ASSOCIATION, INC.

Subs., Apt #. etc. Attn: Harvey Walpert 27	Principal Place	e of Business	Mailing Address				9 CAMILL INCHIN LINSI MINAL INSUN ANIMA	FIUI BIUN BIUN	i Bibat Bebet W	1611 01011 1001	
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13085 Industrial Road Se	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>		, , , , , , , , , , , , , , , , , , ,	•			3. Date Incorporated or Qualified 11/27/1972	3a. Dat	e of Last F)5/14/19	Report 96	
Suite, April #, cit Attn: Harvey Walpert Attn: Harvey Walpert 7p Country 3p Country 4p C			<u> </u>		······································		4. FEI Number	 	A	pplied For	
Attn: Harvey Walpert 27					3029						
City & Sano Gull Fport MS 2p Country A) 5,000 May Be Added to Pees Add	1						5. Certificate of Status Desired	1 1			
GOLLE PORT MS 28 GULE PORT MS 7/10 Country 7/10 Country 8. This corporation has liability for intangible tax under s. 193 032. 30 5.0 3 25 9 39 50 5 30 Florida Statutes 9 Vet 8 No 76 Priords Statutes 9 Vet 8 No 76 Pri	City & State	Harvey Walpert		arve	- Wal	peri	6 Election Cempaign Financing			<u> </u>	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 10				t MS	5						
10. Name and Address of Current Registered Agent 11. Name 12. Name 13. Name 14. Name 15. Name 16. Name and Address of New Registered Agent 17. Second Sections 617 DECEMBER 1 Not Acceptable 18. Name 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Name 19.		' — — ' — — ' — —									
HOYT, BROOKS P. 20 2000 BARNETT PLAZA 101 E KENNEDY BLVD TAMPA FL FL 33602 I. Pursuant to the provisions of Socions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent and statement for the corporation's board of directors. I hereby accept the exposition of change and statement for the corporation's board of directors. I hereby accept the exposition of changing its registered eigent	120202			1001	· · · · · · · · · · · · · · · · · · ·						
Document					B1 Name						
101 E KENNEDY BLVD TAMPA FL FL 33802 1. Pursuant to the provisions of Socious 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Ar 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. GNATURE Signification of the purpose of changing its registered agent Lam familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. GNATURE Signification of the purpose of the pointment as registered agent Lam familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. GNATURE Signification of the purpose of changing its registered agent and feet Agonation. (NOTE Repared agent agents and accept the oppointment as registered agent agents and feet Agonation. (NOTE Repared agent agents agent agents agent agents agent agents agent agents agent agents agent agents. OFFICERS AND DIRECTORS 13.	HOYT, BROOKS P.				82 Stree	Addres	ss (P.O. Box Number is Not Acceptal	ole)			
TAMPA FL FL 33602 L. Pursuant to the provisions of Socions 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. GRNATURE Signature, typed or perfect name of regulations of, Section 617 0503, Florida Statutes. GRNATURE OFTICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFTICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Note that the provisions of Socions 617 0503, Florida Statutes. RET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LIE D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PENSACOLA FL 12 NAME 13 STREET ADDRESS PENSACOLA FL 14 DIV. SI. 2P PENSACOLA FL 14 DIV. SI. 2P CROUSHORE, BRUCE J. 22 NAME 23 STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CROUSHORE, BRUCE J. 22 NAME 23 STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition MET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition MET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO O					80			 			
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DELETE D	IGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO)	E. Registered	Agent signatu	re required	when reinstating)	DATE			
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4 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; the	CITY-ST-ZIP										
information indicated on this annual report of supplemental annual report is true and accurate and that my signature snail have the same legal effect as it made under oath: th		by certify that the information supplied	with this filing does not qual			stated i	in Section 119.07(3)(i), Florida Statute	s. I further	certify that	t the	
I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 417, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	informatic Lam an o	on indicated on this annual report or su ifficer or director of the corporation or t	ippiemental annual report is he receiver or trustee empor	true and a wered to e	xecurate ar	report	ny signatura snay nave the same leg as required,oy ⊈hapte <u>r 417,</u> Florida :	ai eirect as Statutes; ar	ii made ur id that my	nuer oath; tha name	