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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724881

1. Corporation Name

SOUTHEAST SHIPYARD ASSOCIATION, INC.

Principal Place of Business

**13085 INDUSTRIAL ROAD
ATTN: HARVEY WALPERT
GULFPORT MS 39503
US**

Mailing Address

**P.O BOX 3029
ATTN: HARVEY WALPERT
GULFPORT MS 39505
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

11/27/1972

4. FEI Number

23-7376750

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Brooks P. Hoyt

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

3435 Bayshore Blvd., No. 1401

83

84 City

Tampa

FL

85 Zip Code

33671

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 **P** ☐ DELETE
NAME **WALPERT, HARVEY**
STREET ADDRESS **13085 INDUSTRIAL SEAWAY ROAD**
CITY-ST-ZIP **GULFPORT MS**

TITLE **D** ☐ DELETE
NAME **DANE, JOHN**
STREET ADDRESS **13085 INDUSTRIAL SEAWAY ROAD**
CITY-ST-ZIP **GULFPORT MS**

TITLE **D** ☐ 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

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99 228/897-4805

CR2E037 (11/98)