

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:32

DOCUMENT # 835442 (5)

1. Corporation Name

SILVERTON MARINE CORPORATION

Principal Place of Business

% MCOMBER & MCOMBER, P.C.
54 SHREWSBURY AVE.
RED BANK NJ 07701

Mailing Address

% MCOMBER & MCOMBER, P.C.
54 SHREWSBURY AVE.
RED BANK NJ 07701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1975

3a. Date of Last Report

12/08/1994

4. FEI Number

22-1896758

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

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

10. Name and Address of New Registered Agent

F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

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 607.0502 and 607.1508, 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 607.0505, 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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PCD

NAME

LUHRS, JOHN H

STREET ADDRESS

6729 LINFORD LANE

CITY-ST-ZIP

JACKSONVILLE FL 32217

1.1 TITLE

C, D

☒ Change ☐ Addition

1.2 NAME

Luhrs, John H.

1.3 STREET ADDRESS

6729 Linford Lane

1.4 CITY-ST-ZIP

Jacksonville, FL 32217

TITLE

VASD

NAME

ASH, RICHARD

STREET ADDRESS

255 DIESEL ROAD

CITY-ST-ZIP

ST. AUGUSTINE FL 32086

2.1 TITLE

Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

V

NAME

JONES, DONALD

STREET ADDRESS

SOUTH RACE & RIVERSIDE DRIVE

CITY-ST-ZIP

MILLVILLE NJ 08332

3.1 TITLE

P

☒ Change ☐ Addition

3.2 NAME

Jones, James-D.

3.3 STREET ADDRESS

301 Riverside Drive

3.4 CITY-ST-ZIP

Millville, N.J. 08332

TITLE

TS

NAME

DINGLER, BRIAN

STREET ADDRESS

SOUTH RACE & RIVERSIDE DRIVE

CITY-ST-ZIP

MILLVILLE NJ 08332

4.1 TITLE

VP. Finance, Treasurer, Sec.

☐ Change ☐ Addition

4.2 NAME

Dingler, Brian G.

4.3 STREET ADDRESS

301 Riverside Drive

4.4 CITY-ST-ZIP

Millville, N.J. 08332

TITLE

D

NAME

LUHRS, WARREN

STREET ADDRESS

BOX 172, RD. #3

CITY-ST-ZIP

BENTON PA 17814

5.1 TITLE

Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

VP. Operations

☐ Change ☐ Addition

6.2 NAME

Richard W. Cerami

6.3 STREET ADDRESS

301 Riverside Drive

6.4 CITY-ST-ZIP

Millville, N.J. 08332

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 member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment to this document.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #