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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F30592** (2)
1. Corporation Name
STANDARD MARINE SUPPLY CORP.

Principal Place of Business
**120 N. 20TH STREET
TAMPA FL 33605**

Mailing Address
**P.O. BOX 5001
TAMPA FL 33675-5001
US**



3. Date Incorporated or Qualified 04/14/1981	3a. Date of Last Report 03/04/1996
4. FEI Number 59-2087217	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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**HARDEE, JAMES B.
120 N 20TH ST
TAMPA FL 33605**

10. Name and Address of New Registered Agent

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 _____
(NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	HARDEE, DAVID	
STREET ADDRESS	1612 DADE	
CITY-ST-ZIP	FERNANDINA BCH FL	
TITLE	D	☐ DELETE
NAME	HARDEE, JAMES B	
STREET ADDRESS	3507 N. SAN MIGUEL	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	SD	☐ DELETE
NAME	HARDEE, MARY G.	
STREET ADDRESS	3507 N. SAN MIGUEL	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	☐ DELETE
NAME	MAAS, ROBERT D.	
STREET ADDRESS	1403 MOSS LADEN CT	
CITY-ST-ZIP	BRANDON FL	
TITLE	PD	☐ DELETE
NAME	HARDEE, JAMES B.JR(AST-S	
STREET ADDRESS	2903 EUCLID	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert D. Maas* **ROBERT D. MAAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **2-24-97** Daytime Phone # **813-248-4905**

CR2E034 (9/96)