

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F30592**

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
US**

FILED
Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90076 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1981

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 owes the current year Intangible
Personal Property Tax. ☒ 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

HARDEE, JAMES B JR

120 N 20TH ST

TAMPA FL 33605

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARDEE, DAVID	1.2 NAME	
STREET ADDRESS	1612 DADE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARDEE, JAMES B	2.2 NAME	
STREET ADDRESS	3507 N. SAN MIGUEL	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARDEE, MARY G.	3.2 NAME	
STREET ADDRESS	3507 N. SAN MIGUEL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	MAAS, ROBERT D.	4.2 NAME	
STREET ADDRESS	1403 MOSS LADEN CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HARDEE, JAMES B.JR(AST-S)	5.2 NAME	
STREET ADDRESS	2903 EUCLID	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: **ROBERT D. MAAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99 813-248-4905

CR2E034 (11/98)