

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004199 (5)

1. Corporation Name

DETYENS SHIPYARDS, INC.

Principal Place of Business

RT. 2, BOX 180
MT. PLEASANT SC 29464

Mailing Address

RT. 2, BOX 180
MT. PLEASANT SC 29464

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1994

3a. Date of Last Report

4. FEI Number

57-0730948

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 the 1993 (a)(1)
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite Apt. # etc.

2a. Mailing Address

26. Suite Apt. # etc.

22. City & State

27. City & State

24. City

25. State

29. City

30. State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 217.01, and 217.02, 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 217.01(1)(b), Florida Statutes.

SIGNATURE

Handwritten signature of the registered agent.

By the Registered Agent or a person authorized to act for him.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: PTD
2. NAME: STEWART, D. LOY
3. STREET ADDRESS: RT. 2, BOX 180
4. CITY, ST., ZIP: MT. PLEASANT SC 29464
5. TITLE: V
6. NAME: STOKES, RICHARD C
7. STREET ADDRESS: RT. 2, BOX 180
8. CITY, ST., ZIP: MT. PLEASANT SC 29464
9. TITLE: V
10. NAME: BOWERS, ROBERT H
11. STREET ADDRESS: RT. 2, BOX 180
12. CITY, ST., ZIP: MT. PLEASANT SC 29464
13. TITLE: V
14. NAME: MOSHER, GERALD L
15. STREET ADDRESS: RT. 2, BOX 180
16. CITY, ST., ZIP: MT. PLEASANT SC 29464
17. TITLE: SD
18. NAME: RIVERS, G.L.B. JR
19. STREET ADDRESS: 28 BROAD ST.
20. CITY, ST., ZIP: CHARLESTON SC 29401

1. TITLE: 1.1
2. NAME: 1.2
3. STREET ADDRESS: 1.3
4. CITY, ST., ZIP: 1.4
5. TITLE: 2.1
6. NAME: 2.2
7. STREET ADDRESS: 2.3
8. CITY, ST., ZIP: 2.4
9. TITLE: 3.1
10. NAME: 3.2
11. STREET ADDRESS: 3.3
12. CITY, ST., ZIP: 3.4
13. TITLE: 4.1
14. NAME: 4.2
15. STREET ADDRESS: 4.3
16. CITY, ST., ZIP: 4.4
17. TITLE: 5.1
18. NAME: 5.2
19. STREET ADDRESS: 5.3
20. CITY, ST., ZIP: 5.4
21. TITLE: 6.1
22. NAME: 6.2
23. STREET ADDRESS: 6.3
24. CITY, ST., ZIP: 6.4

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and I am not guilty for the exceptions stated in Section 217.01(1)(b), Florida Statutes. I further certify that the information included 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 in person. I am an officer or director of this corporation or the registered agent of this corporation. I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, or as an authorized agent in addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

