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 # F9400004199 1. Corporation Name

DETYENS SHIPYARDS, INC.

`	
Principal Place of Business	Mailing Address
2383 HIGHWAY 41	2383 HIGHWAY 41
MT. PLEASANT SC 29464	MT, PLEASANT SC 29464

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90068 042 ***150.00



Principal Place of Business Mailing Address								
2383 HIGHWAY 41 2383 HIGHWAY 41								
MT. PLEASANT SC 29464 MT. PLEASANT SC 29464			DO NOT WOITE IN THE CRACE					
							DO NOT WRITE IN THIS SPACE	
					-		3. Date Incorporated or Qualifed	
							08/12/1994	
Principal Place of Business 2a, Mailing Address						4. FEI Number Applied For		
21 26						57-0730948 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional				
22		27					5. Certificate of Status Desired Fee Required	
City & State City & State				6. Election Campaign Financing \$5.00 May Be				
23		28	-				Trust Fund Contribution Added to Fees	
Zip	Country	1	Zip Country				8. This corporation owes the current year Intangible	
24	25	29	· -	30			Personal Property Tax. X Yes No	
	9. Name and Address of Current			1			10. Name and Address of New Registered Agent	
				8	31	Name		
l CT	CORPORATION SYSTEM							
1200	S. PINE ISLAND RD.			8	32	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	ITATION FL 33324				33			
, , 5,,	TITLION I E GOOLF) '	2)			
				18	34	City	85 Zip Code	
				1		-	FL	
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statutes	, the abo	ove-	-named corpo	pration submits this statement for the purpose of changing its registered	
office.or.re	egistered agent, or both, in the State or m familiar with, and accept the obligation	f.Florid	laSuch change was aut Section 607 0505, Florid	horized.t ta Statuti	oy.ti es.	he corporation	n's board of directors. I hereby accept the appointment as registered	
_	III lairillai willi, and accept the congut	0113 01,	0000011 001 10000, 1 1011	ac Otalai				
SIGNATURE	Signature, typed or printed name of registered agent	and title i	if applicable. (NOTE: F	Registered A	gent :	signature required	when reinstating) DATE	
12.	OFFICERS AND			13.		-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE !	PTD		☐ DELETE	1.1 TITLE	E	. [☐ Change ☐ Addition	
NAME	STEWART, D. LOY	1.2 N			F			
	0000 1100 5144 / 44					ADDRESS		
l ,								
CITY-ST-ZIP			1.4 CITY		-ZIP]	☐ Change ☐ Addition		
TITLE	·		2.1 TITLE			Cytalge Cytation		
NAME			2.2 NAM	Œ		•		
STREET ADDRESS 2383 HIGHWAY 41			2.3 STR	2.3 STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP MT. PLEASANT SC 29464 2.			2. 4 CITY	2. 4 CITY-ST-ZIP			
TITLE	LE V DÉLETE 3.1 T			3.1 TITLE	E		☐ Change ☐ Addition	
NAME BOWERS, ROBERT H 32			3.2 NAM	E				
		3.3 STRE	3.3 STREET ADDRESS					
CITY-ST-ZIP	NET DI FACANTI CO COLCA		3.4. C/T					
TINE			4.1 TITL			☐ Change ☐ Addition		
	MOSHER, GERALD L			4. 2 NAM			-	
NAME	•					ADDDECC		
STREET ANDRESS	2383 HIGHWAY 41					ADDRESS		
CITY-ST-ZIP	MT. PLEASANT SC 29464			4.4 CITY		-ZiP	☐ Change ☐ Addition	
TITLE	ST		☐ DELETE	5.1 TITLE			Change Addition	
NAME)	FARY, LEO A JR.			5.2 NAM				
STREET ADDRESS	2383 HIGHWAY 41					ADDRESS		
CITY-ST-ZIP	MT. PLEASANT SC 29464			5.4 CITY		-ZIP		
TILE			☐ DELETE	6.1 TITLE	E		☐ Change ☐ Addition	
NAME				6.2 NAM	E			
STREET ADDRESS				6.3 STR	EET A	ADDRESS		
) }				6.4 CITY	ST-	-ZIP		
CITY-ST-ZIP					٠.			

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 chapted, or on an attachment with an address, with all other like empowered.

