

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G20816** (6)

1. Corporation Name

PHANCO MARINE, INC.



Principal Place of Business

**2961 NE 27TH AVE
PO BOX 5339
LIGHTHOUSE POINT FL 33064
US**

Mailing Address

**2961 NE 27TH AVE
PO BOX 5339
LIGHTHOUSE POINT FL 33064
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**KNISKERN, PHILIP N.
2961 N.E. 27 AVENUE
LIGHTHOUSE POINT FL 33064**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
01/28/1983

3a. Date of Last Report
04/04/1995

4. FEI Number
59-2260788

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.08(2) and 607.12(2), 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, Sections 607.08(2), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to file this report

Signature of the person who is authorized to file this report

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME

**PD
KNISKERN, PHILIP N.
2961 N.E. 27 AVENUE
LIGHTHOUSE POINT FL**

☐ DELETE

STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME

**STD
KNISKERN, ANNE C.
2961 N.E. 27 AVENUE
LIGHTHOUSE POINT FL**

☐ DELETE

STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME

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STREET ADDRESS
CITY, ST, ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation for the purpose of being authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 434 943-5049

CR2E034 (12/95)