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95 MAY -1 AM 9:03

**CORPORATION
ANNUAL REPORT
1995**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G37508 (0)

1. Corporation Name

BAUTECK MARINE CORPORATION, INC.

Principal Place of Business

**2060 DOBBS RD.
ST AUGUSTINE FL 32086**

Mailing Address

**2060 DOBBS RD.
ST AUGUSTINE FL 32086**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1983

3a. Date of Last Report

03/24/1994

4. FEI Number

59-2305580

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**

6. This corporation has authority for interlocking loan under § 194.02, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. # etc.

2a. Mailing Address

26 Suite, Apt. # etc.

23 City & State

28 City & State

24

25

29

30

9. Name and Address of Current Registered Agent

**BAUER, HANS
2060 DOBBS ROAD
ST AUGUSTINE FL 32086**

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent or person named as registered agent in this report

Signature of Registered Agent or person named as registered agent in this report

Signature of Agent

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BAUER, HANS C.
STREET ADDRESS	2060 DOBBS ROAD
CITY, ST, ZIP	ST AUGUSTINE, FL 00000
TITLE	VSD
NAME	BAUER, JOAN L.
STREET ADDRESS	2060 DOBBS ROAD
CITY, ST, ZIP	ST. AUGUSTINE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.02, only 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 under oath. That I am an officer or director of this corporation or the receiver or liquidator empowered 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 or on an attachment with my additions.

SIGNATURE:

Hans C. Bauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President April 26, 95 9048248826
Signature of Agent