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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H72047 (4)

1. Corporation Name:
OCEAN SIDE PROPELLER SERVICE, INC.

Principal Place of Business:

225 MANOR DR
MERRITT ISLAND FL 32952

Mailing Address:

225 MANOR DR
MERRITT ISLAND FL 32952-3754



3. Date Incorporated or Qualified: 08/20/1985
3a. Date of Last Report: 01/23/1996

2. Principal Place of Business:

21 Suite, Apt. #, etc:

22 City & State:

23 Zip Country:

24

25

2a. Mailing Address:

26 Suite, Apt. #, etc:

27 City & State:

28 Zip Country:

29

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4. FEI Number: 59-2612900
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

9. Name and Address of Current Registered Agent

BROBST, JOSEPH E.
3211 BUCKINGHAM LN
COCOA FL 32926

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature typed or printed name of registered agent and if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: BROBST, JOSEPH E.
STREET ADDRESS: 3211 BUCKINGHAM LN
CITY-ST-ZIP: COCOA FL
☐ DELETE

TITLE: ST
NAME: BROBST, JOSEPH E.
STREET ADDRESS: 3211 BUCKINGHAM LN
CITY-ST-ZIP: COCOA FL
☐ DELETE

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ☐ Change ☐ Addition

1.2 NAME:

1.3 STREET ADDRESS:

1.4 CITY-ST-ZIP:

2.1 TITLE: ☐ Change ☐ Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

3.1 TITLE: ☐ Change ☐ Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE: ☐ Change ☐ Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE: ☐ Change ☐ Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE: ☐ Change ☐ Addition

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY-ST-ZIP:

14. I do 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.

SIGNATURE:

Joe E. Brobst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 1997 407-453-7707
Date Daytime Phone #

CR2E034 (9/96)