

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 9:25

DOCUMENT # **H76617** (0)

1. Corporation Name
MALLORY DOCK, INC.

Principal Place of Business
**C/O JAMES R. ARMANTROUT
1503 DUNCAN ST. P.O. BOX 4075
KEY WEST FL 33040**

Mailing Address
**C/O JAMES R. ARMANTROUT
1503 DUNCAN ST. P.O. BOX 4075
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/18/1985** 3a. Date of Last Report **02/09/1994**

4. FEI Number **65-0157348** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip 24. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARMANTROUT, JAMES R.
1503 DUNCAN ST
P.O. BOX 4075
KEY WEST FL 33040**

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 of current registered agent and the incorporator)

(NOTE: Registered Agent Signature required when nominating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **ARMANTROUT, MARK**
STREET ADDRESS **1503 DUNCAN ST**
CITY, ST, ZIP **KEY WEST FL**

TITLE **DST**
NAME **ARMANTROUT, JAMES R.**
STREET ADDRESS **1503 DUNCAN ST**
CITY, ST, ZIP **KEY WEST FL**

TITLE
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STREET ADDRESS
CITY, ST, ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), 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. I am an officer or director of the 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 and is accompanied by an attached report with an address.

SIGNATURE:

J.R. ArmantROUT
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
J.R. ARMANTROUT

Mar 25, 1995 (305) 293-9550
DATE