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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H79008** (9)

1. Corporation Name
GREAT AMERICAN MARINE, INC.

Principal Place of Business	Mailing Address
% THOMAS K. RIDEN 100-2ND AVE SOUTH, S-400, NORTH TOWER ST PETERSBURG FL 33701	% THOMAS K. RIDEN 100-2ND AVE SOUTH, S-400, NORTH TOWER ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1985	3a. Date of Last Report 06/20/1994
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2. Principal Place of Business	2a. Mailing Address	4. FFI Number 59-2589759	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
22	27 6810 Gulfport Blvd	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	23	28 St. Petersburg, FL	
Zip	Country	24	29 33707	30 Pinellas

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RIDEN, THOMAS K. 100-2ND AVE SOUTH SUITE 400, NORTH TOWER ST PETERSBURG FL 33701		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDEN, THOMAS K.	1.2 NAME	
STREET ADDRESS	100-2ND AVE SO, S-400	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEBENBERG, WALTER P.	2.2 NAME	
STREET ADDRESS	8529 CENTRAL AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	DC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAVROS, GUS A.	3.2 NAME	
STREET ADDRESS	111 SECOND AVE. NE #510	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABINGTON, RICHARD C.	4.2 NAME	DELETE
STREET ADDRESS	6810 GULFPORT BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	V
STREET ADDRESS		5.3 STREET ADDRESS	Katherine J. Mann
CITY - ST - ZIP		5.4 CITY - ST - ZIP	6810 Gulfport Blvd
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110 (27)(9)(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, 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, changed, or on an attachment with an address.

SIGNATURE: *Katherine Mann* Katherine Mann 03/31/95 813-343-6520
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Telephone #