

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J73009 (9)**
1. Corporation Name
FISHHEAD MARINE, INCORPORATED

Principal Place of Business: **1105 JOHN SIMS PKWY NICEVILLE FL 32578**
Mailing Address: **1105 JOHN SIMS PKWY NICEVILLE FL 32578**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/08/1987**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2802806**
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: 21. State, Apt. #, etc.: 22. City & State: 23. ZIP: 24. COUNTY: 25. Mailing Address: 26. State, Apt. #, etc.: 27. City & State: 28. ZIP: 29. COUNTY: 30.

9. Name and Address of Current Registered Agent
**PHELPS, PLENN H. JR
1915 BAYSHORE DR
NICEVILLE FL 32578**

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 607.01(2) and 607.01(3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in this state. There is a change authorized by the corporation's board of directors. There is no change of the appointment of a registered agent. This statement is filed in accordance with the provisions of Sections 607.01(2) and 607.01(3), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
PSD	PHELPS, PLENN H. SR	1418 BAYSHORE DR	NICEVILLE FL		
VTD	PHELPS, PLENN H. JR	1915 BAYSHORE DR	NICEVILLE FL		
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
PSD	PHELPS, PLENN H. JR.	1915 Bayshore Dr.	Niceville, FL.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
VTD	PHELPS, REGINA G.	1915 Bayshore Dr	Niceville, FL.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
						<input type="checkbox"/>	<input type="checkbox"/>
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
						<input type="checkbox"/>	<input type="checkbox"/>
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
						<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.071, Fla. Stat., 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 the corporation in this report or that my signature is on the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, 2 or 3 of this report or on an attached copy of address.

SIGNATURE: *Regina G. Phelps*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Regina G. Phelps VTD

5-1-95 (904) 726-2628
Date: _____ Signature: _____