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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # J86068 (0)

1. Corporation Name

C & D MARINE CONSTRUCTION OF PORT CHARLOTTE, INC

Principal Place of Business	Mailing Address
23210 HARPER AVE D-4 PORT CHARLOTTE FL 33980	23210 HARPER AVE D-4 PORT CHARLOTTE FL 33980

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/31/1987
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21: 4203-B JAMES ST
22: Suite, Apt. #, etc.
23: City & State: Pt. CHARLOTTE FL
24: Zip: 33980
25: Country: CHARLOTTE

2a. Mailing Address
26: 4203-B JAMES ST
27: Suite, Apt. #, etc.
28: City & State: Pt CHARLOTTE FL
29: Zip: 33980
30: Country: CHARLOTTE

4. FEI Number: 65-0024777 ☐ 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

HENDERSON, ROBERT P.
1619 JACKSON STREET
FORT MYERS FL 33901

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 _____ 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	V	1.1 TITLE	☐ Change ☐ Addition
NAME	SOUTHWICK, DAVID	1.2 NAME	
STREET ADDRESS	1313 DELPRADO BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	ELMER, CHARLES L.	2.2 NAME	
STREET ADDRESS	930 S W 35TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	TJARKS, MARTIN W.	3.2 NAME	
STREET ADDRESS	7872 N W BARRANCAS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: _____ 2/10/95 813-625-6996
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date (Daytime Phone #)
CHARLES L. ELMER

0336007 CP