

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K00582 (2)

1. Corporation Name

SHIPBUILDING & MARINE REPAIR, INC.



Principal Place of Business

Mailing Address

% DANIEL R. LOZIER

% DANIEL R. LOZIER

PENSACOLA FL 32501

PENSACOLA FL 32501

2. Principal Place of Business

2a. Mailing Address

21 125 W. ROMANA ST.

26 125 W. ROMANA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE. 222

27 STE. 222

City & State

City & State

23 PENSACOLA, FL

28 PENSACOLA, FL

Zip

Zip

Country
25 USA

Country
29 32501

Country
30 USA

24 32501

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOZIER, DANIEL R.

~~LOZIER, DANIEL R.~~

~~LOZIER, DANIEL R.~~

PENSACOLA FL 32501

125 W. ROMANA ST.

STE. 222

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 the if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME D'ISERNIA, BRIAN
STREET ADDRESS ~~2200 EASTERN AVENUE~~ 2200 NELSON ST.
CITY- ST- ZIP PANAMA CITY FL 32401

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
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 119.07(3)(k), 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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN R. D'ISERNIA, PRESIDENT 4-30-96 (904) 763-1900

Date

Daytime Phone #

CR2E034 (12/95)