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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	1990	DIVISI	ON OF CORPORATION	ONS				
DOCUI	MENT # K719 6	31 ((2)					
	SER MARINE INDUSTRIES,	INC.	•					
					P 18 8 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 1 (18) 8(8) 8		<u> </u>
Principal Place	of Rusinose	Adrilian Address						
,		Mailing Address						
	H PATRICK DRIVE BEACH FL 32937		PATRICK DRIVE EACH FL 32937					
					3, Date Incorporated or Qualified 03/09/1989		of Last Re)5/16/19	
2. Principal Pla	ace of Business	2a. Mailing Addre	SS		4. FEI Number		⊢	Applied For
Suite, Apt. #, etc.		26 Suite Ant #	Suite, Apt. #, etc.		59-2942924			Not Applicable
22	., • • •	27	oic.		5. Certificate of Status Desired			Additional Required
City & State)	City & State		·	6. Election Campaign Financing			O May Be
23		2:8	#F 5. Mb . Males See		Trust Fund Contribution			d to Fees
Ζίρ 24	Country	Zip	Country		8. This corporation has liability for i		x under s	199.032,
24	25 9, Name and Address of Currer	29	30		Florida Statutes Yes 10. Name and Address of New R			
		it riogistores rigent	B1	Name	10. Name and Address of New H	egistereo A	(gent	
HOUSE	er, daniel r.		82	Charles Andria	ess (P.O. Box Number is Not Acceptab			
904 KING'S POST ROAD				Street Addre	ess (P.O. Box Nulliliber is Not Acceptab	e)		
ROCKL	.EDGE FL FL 32955		83					
			84	City			85 Zip	Code
44 5		7777774		•		FL		
or register	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori	l and 607.1508, Florida da. Such change was a	Statutes, the above-nuthorized by the corpo	amed corpora pration's boar	ation submits this statement for the pur of of directors. I hereby accept the appo	pose of char pintment as	nging its re	egistered office
TOT I MOL YER	h, and accept the obligations of, Sect	ion 607.0505, Florida S	tatutes.		,		08.010.00	ogo. (, c. ()
SIGNATURE _	Signature typed or printed naine of registered agent	and title if applicable	(NO1E: Flegistered Agent	signature required	d when reinstafinol	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
TITLE	D	DE(F)	E 1.1 TITLE			·] Change	Addition
NAME	HOUSER, LYLE		12 NAME					
STREET ADDRESS			13 STREET	ADDRESS				
CITY-ST-ZIP TITLE	ROCKLEDGE FL V	1.4 C/ DELETE 2.1 TI		- ZIP			7.05	F1 14100
NAME	HOUSER, THOMAS G		E 2. 1 TITLE 22 NAME			L.] Change	Addition
STREET ADDRESS	1780 CADDICOC CIR		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MELBOURNE FL		2.4 City - ST					
TITLE	P	DELET				E] Change	Addition
NAME	HOUSER, DANIEL R		3.2 NAME	ŀ			-	. =
STREET ADDRESS	904 KINGS POST ROAD		3.3 STREET	ADDRESS				
CITY-ST-ZIP	ROCKLEDGE FL		3.4 City-St	- 7IP			,	
TITLE	VP	DELET	£ 4 1 THILE] Change	■ Addition
NAME	HOUSER, THOMAS G		4 2 NAME					ĺ
STREET ADDRESS	1780 CADILLAC CIR MELBOURNE FL 32935		4.3 STREET A					
CITY-ST-ZIP TITLE	STD	IZ LETTET	4.4 C/(TY-ST Ε 5.1 TITLE		2:		Thomas	FT1 Addition
NAME	PARNELL, LESLIE J LTCOL	Decease	5.2 NAME	,	STD touser, Timothy 100 Juhn Rhoder me/bours, Fl. s) [Change	Addition
STREET ADDRESS	1109 SIOUX DR	Decenor	5.3 STREET A	ADDRESS T	TOURSEC, I MANUELLE	Qlu 20	# 13	20
CITY-ST-ZIP	INDIAN HARBOUR FL 32937	, -	5.4 City-St	-ZIP	me thousant	710 CF	4	-
1:TLE	D	2 OtlET			- some y] Change	Addition
NAME	HOUSER, LYLE M	1:ste0	6.2 NAME					
STREET ADDRESS	5825 SOUTH U.S. #1	Listed Twice	63 STREET A	ADDRESS				
CHY-ST-ZIP			64 CITY - ST	-ZIP	or the exemption stated in Section 119.0			
*** I GO HEIBDY	r corary orac one imprimation supplied v	vari iriis tiirig is Voluntar	ily turnished and does	not qualify fo	or the exemption stated in Section 119.0	17(3)(k). Flori	da Statute	is Uturther

certify that the information indicated on the annual report or supplemental annual report is true and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the compatition or the receiver or trusted 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 from an attachment with a laddress.

SIGNATURE:

5/3/96 407-773-8400