FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K77878

1. Corporation Name

WINSLOW MARINE PRODUCTS CORPORATION

Principal Pla	ce of Busines
928 S. TAMIA	MI TRAIL
OSPREY FL 3	4229-0888

Mailing Address

PO BOX 888

OSPREY FL 34229-0888

May 06, 1999 8:00 am Secretary of State

05-06-1999 90086 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

04/04/1989

ı	H	Ш	1900	10001	#18II	61811	BIEH BI	ii Bibli	

Principal Place of Business 2a. Mailing Address					4. FEI Number	Α .	pplied For
	SW Winslow Dr	26 11700 SW Wi	nslo	ow Dr	65-0122883	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee F	tequired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
<u> </u>	Suzy, FL	28 Lake Suzy,	FL		Trust Fund Contribution		to Fees
Zip	Country		Country		8. This corporation owes the current year Into	ngible	
—	266 25	29 34266 30			Personal Property Tax.	∑XYes	□No
241 34	9. Name and Address of Current	<u> </u>	7.		10. Name and Address of New Registered	Agent	
			81	Name			
SHO	AFF FRED B.		_		100 B W have built New Arthur		
928	S. TAMIAMI TRAIL		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	REY FL 34229		83				
			1				
			84	City	FL	85 Zip	Code
			ļ		rporation submits this statement for the purpose of	1_1_	into-od
	Signature, typed or printed name of registered agent		tered Age	nt signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
12.	······		.1 TITLE	т	ADDITIONS/CITAINGES TO OFFICERS AN	Change	
TITLE	DPS	_		1			
NAME	SHOAFF, FRED B.		.2 NAME		11700 CH Wington Dr		
STREET ADDRESS				ADDRESS	11700 SW Winslow Dr		ļ
CITY-ST-ZIP	OSPREY FL	·	.4 CITY-S	T-ZIP	Lake Suzy, FL 34266	☐ Change	Addition
TITLE	VP		2.1 TITLE			Change	
NAME	PICKHARDT GERARD J.		2.2 NAME				
- STREET ADDRESS	-457-WALLS-WAY-		2.3 STREE	raddress			
CITY-ST-ZIP	OSPREY FL		2. 4 CITY-S	T-ZIP			Addition
TITLE			9.1 TITLE			Change	: ∐Agoldon ;
NAME		Į:	3.2 NAME				ļ
STREET ADDRESS		;	3.3 STREE	ADDRESS	•		}
CITY-ST-ZIP			3.4. CTY-9	T-ZIP			
TITLE		☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME			. 2 NAME	1			ļ

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

EQUIREDFred B. Shoaff

941-613-6666

Change

Change

Addition

Addition