

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 # L53468

1. Corporation Name

ANCHOR STRUCTURAL & MARINE, INC.

Principal Place of Business

#1 COUNTY ROAD
BIG PINE KEY FL 33043
US

Mailing Address

#1 COUNTY ROAD
BIG PINE KEY FL 33043
US

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90002 001 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1990

4. FEI Number

65-0169693

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 61 53rd STREET, OCEAN
Suite, Apt. #, etc.

22 Marathon, FL

City & State

23 Marathon, FL

Zip

33050

Country

25 USA

2a. Mailing Address

27 P.O. Box 500819
Suite, Apt. #, etc.

City & State

28 Marathon, FL

Zip

33050

Country

30 USA

9. Name and Address of Current Registered Agent

FEY, WAYNE D.
20925 4TH AVE WEST
CUDJOE KEY FL 33042

10. Name and Address of New Registered Agent

81 Name

SAME

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME FEY, WAYNE D
STREET ADDRESS #1 COUNTY ROAD
CITY-ST-ZIP BIG PINE KEY FL

☐ DELETE

TITLE VP
NAME SHERMAN, AMASA
STREET ADDRESS #1 COUNTY ROAD
CITY-ST-ZIP BIG PINE KEY FL

☒ DELETE

TITLE VP
NAME MORRIS, ROBERT
STREET ADDRESS #1 COUNTY ROAD
CITY-ST-ZIP BIG PINE KEY FL 33043

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST
1.2 NAME FEY, WAYNE, D
1.3 STREET ADDRESS P.O. Box 500819
1.4 CITY-ST-ZIP Marathon, FL 33050

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/99 (305) 289-0554
Date Daytime Phone #

0152981

CR2E034 (11/98)