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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M97846** (3)

1. Corporation Name

MISENER MARINE, INC.



Principal Place of Business

Mailing Address

**C/O THEODORE H. KNIGHT
5440 WEST TYSON AVENUE
TAMPA FL 33611**

**C/O THEODORE H. KNIGHT
5440 WEST TYSON AVENUE
TAMPA FL 33611**

3. Date Incorporated or Qualified
09/07/1988

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNIGHT, THEODORE H.
5440 WEST TYSON AVENUE
TAMPA FL 33611**

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KNIGHT, THEODORE H.	
STREET ADDRESS	5440 W TYSON AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	KERMODE, RICHARD C.	
STREET ADDRESS	5440 W TYSON AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN HECK, G. J. T.	
STREET ADDRESS	5440 WEST TYSON AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, DONALD E.	
STREET ADDRESS	5440 W TYSON AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KALF, HANS	
STREET ADDRESS	5440 WEST TYSON AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUDSON, REBECCA	
STREET ADDRESS	5440 W TYSON AVE	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wil H. J. Verberk	
1.3 STREET ADDRESS	5440 W. Tyson Avenue	
1.4 CITY-ST-ZIP	Tampa, FL 33611	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dik Langbroek	
2.3 STREET ADDRESS	5440 W. Tyson Avenue	
2.4 CITY-ST-ZIP	Tampa, FL 33611	
3.1 TITLE	Treasurer/Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hans Kalf	
3.3 STREET ADDRESS	5440 W. Tyson Avenue	
3.4 CITY-ST-ZIP	Tampa, FL 33611	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

Theodore H. Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theodore H. Knight

2/2/96

(813) 839-8441

Date

Daytime Phone #

CR2E034 (12/95)