

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90023 043 ****70.00

DOCUMENT # N41999

1. Corporation Name

**MARINE CONTRACTORS' ASSOCIATION OF NORTH FLORIDA
, INC.**

Principal Place of Business

1900 OWSLEY RD.
NAVARRE FL 32566

Mailing Address

1900 OWSLEY RD.
NAVARRE FL 32566



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

02/07/1991

21

26

Suite, Apt., etc.

Suite, Apt., etc.

4. FEI Number

59-3063798

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OWSLEY, DUEL V.
1900 OWSLEY ROAD
NAVARRE FL 32566

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 617.0502 and 617.1508, 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 617.0503, 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

P

☐ DELETE

NAME

OWSLEY, DUEL V.
1900 OWSLEY RD.
NAVARRE FL 32566

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

GUNTER, DONALD L.

STREET ADDRESS

932 CANDELSTICK COURT

CITY-ST-ZIP

PENSACOLA FL

TITLE

STD

☐ DELETE

NAME

OWSLEY, PATRICIA A.
9025 NAVARRE PARKWAY
NAVARRE FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

LANCASTER, WAYNE S.
509 APACHE ROAD
FORT WALTON BCH FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

NORD, STEVEN L.
300 MALDONADO DRIVE
PENSACOLA FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

VP

☐ DELETE

NAME

SMITH, MIKE M.
18 PALMETTO DR
MARY ESTHER FL

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 617, 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:

Patricia A. Owsley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

Date

850-939-2131

Daytime Phone #

CR2E037 (11/98)