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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9200000314

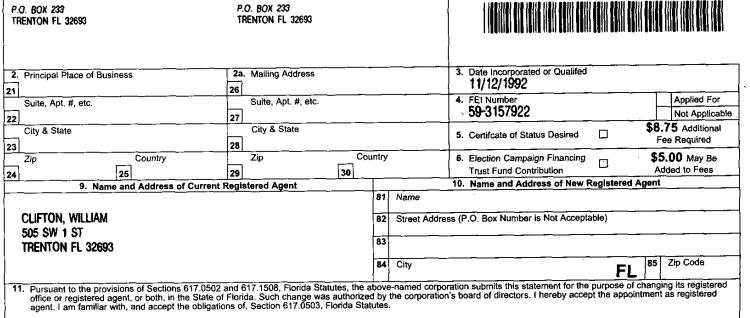
FIRST SPECIAL NAVAL CONSTRUCTION BATTALION, INC.

Principal Place of Business	S
P.O. BOX 233	
TRENTON EL 39603	

Mailing Address P.O. BOX 233 TRENTON FL 32693

FILED Mar 06, 1999 8:00 am secretary of State

03-06-1999 90105 016 ****61.25



SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature rec	quired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	Change	Addition
NAME	CRIPPEN, ERNIE		1.2 NAME		1
STREET ADDRESS	RT 1 BOX 153		1.3 STREET ADDRESS)
CITY-ST-ZIP	TENSTRIKE MN 56683		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE	☐ Change	Addition
NAME	SHERRARD, H. WELSON		22 NAME		
STREET ADDRESS	3884 S OLD US 31		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	ROCHESTER IN 46975		2.4 CITY-ST-ZIP		
TITLE	SD	DELETE	. 3.1 TITLE	☐ Charige	Addition
NAME	GULBRANSON, CLAUDE S		3.2 NAME		
STREET ADDRESS	120 OAK AVE		3.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	ANNA MARIA FL 34216		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	Change	☐ Addition
NAME	KAYSER, WALTER W		4. 2 NAME		l
STREET ADDRESS	11013 W ROYAL RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	STANWOOD MI 49346		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	į
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME]	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 chapted or on an attachment with an address, with all other like empowered.

SIGNATURE: