FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:53

DOCUMENT # **P03332** **(4)**

1. Corporation Name
HUNTER MARINE CORPORATION

Principal Place of Business	Mailing Address
RT 441 P O BOX 1030 ALACHUA FL 32615	RT 441 P O BOX 1030 ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/11/1984
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 22-1987926 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DANIEL JETT
ROUTE 441
P.O. BOX 1030
ALACHUA FL 32615

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	SPIRES, CHARLES	1.2 NAME	SPIRES, CHARLES	
STREET ADDRESS	HWY 441	1.3 STREET ADDRESS	HWY 441	
CITY-ST-ZIP	ALACHUA FL	1.4 CITY-ST-ZIP	ALACHUA FL	
TITLE	VD	2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	LUHRS, JOHN H.	2.2 NAME	LUHRS, JOHN H.	
STREET ADDRESS	HWY 441	2.3 STREET ADDRESS	HWY 441	
CITY-ST-ZIP	ALACHUA FL	2.4 CITY-ST-ZIP	ALACHUA FL	
TITLE	ST	3.1 TITLE	VICE PRESIDENT ST	☒ Change ☐ Addition
NAME	JETT, DANIEL N.	3.2 NAME	JETT, DANIEL N.	
STREET ADDRESS	HWY 441	3.3 STREET ADDRESS	HWY 441	
CITY-ST-ZIP	ALACHUA FL	3.4 CITY-ST-ZIP	ALACHUA FL	
TITLE	CD	4.1 TITLE	CD	☐ Change ☐ Addition
NAME	LUHRS, WARREN R.	4.2 NAME	LUHRS, WARREN R.	
STREET ADDRESS	HWY 441	4.3 STREET ADDRESS	HWY 441	
CITY-ST-ZIP	ALACHUA FL	4.4 CITY-ST-ZIP	ALACHUA FL	
TITLE		5.1 TITLE	PRESIDENT DIRECTOR	☐ Change ☒ Addition
NAME		5.2 NAME	ASH, RICHARD	
STREET ADDRESS		5.3 STREET ADDRESS	HWY 441	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ALACHUA FL	
TITLE		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 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)(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.

SIGNATURE: Jon Hunter 1/29/95 904/462-3077
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

04122117 FP