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

APPROVED AND FILED
95 APR -4 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P09722** **(0)**

1. Corporation Name
GALVA FOAM MARINE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
ROUTE 67 BOX 19 CAMDENTON MO 65020	ROUTE 67 BOX 19 CAMDENTON MO 65020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/11/1986	03/18/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 43-1079583	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AHERNS, BOB 2360 OLD TOMOKA RD. ORMOND BCH. FL 32074-9529	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 _____ 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, RODERICK S.	1.2 NAME	
STREET ADDRESS	BELLA VISTA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE OZARK MO	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SQUIRES, ROGER	2.2 NAME	
STREET ADDRESS	RR 1 BOX 23	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAMDENTON MO	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	RAINWATER, VERA	3.2 NAME	
STREET ADDRESS	WHISTERING HILLS #21	3.3 STREET ADDRESS	
CITY-ST-ZIP	LINN CREEK MO	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 attached with an address.

SIGNATURE: _____ Roderick Russell 3/14/95 314-346-3328
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Title Daytime Phone #

045011 FN