

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P09722

(0)

GALVA FOAM MARINE INDUSTRIES, INC.

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Principal Place of Business Mailing Address									1 18971991 111 49		(181 8181) 9191		1811 6/816 /84	1	
ROUTE 67 BOX 19 CAMDENTON MO 65020				ROUTE 67 BOX 19 CAMDENTON MO 65020						DO NOT WRIT	TE IN THIS	SPACE			
								3	. Date Incorpora	ted or Qualified					
			.,						04/11/1986						
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 43-1079583				Applied For		
Suite, Apt. #, etc.				Suite Apt. #, etc.					43-10/93	03	······		Not Applic		
22				27					. Certificate of S	tatus Desired		*****	Required	al	
City & State				City & State				6	<ul> <li>Election Campa Trust Fund Cor</li> </ul>		П		O May Be d to Fees	,	
Zip Country				Zip Country				-   8	. This corporatio						
24 25			29		30					erty Tax due Jun		Yes	No No		
9. Name and Address of Current Registered Agent							· · · · · · · · · · · · · · · · · · ·	10	). Name and Ad	dress of New R	legistered	Agent		,	
AHE	ERNS, BOB					61	Name								
2360 OLD TOMOKA RD. Ormond BCH. FL 32074-9529					ŀ	62	Street	Address (P.O. Box Number is Not Acceptable)							
Uni	MONU BUI	i. PL 320/4-8329				63								$\dashv$	
					-	84	City		<u></u>		FL	B5 Zi	p Code		
44 Purcuant to	o the provisio	ons of Sections 607.05	02 and 60	7 1509 Florida Statu	toc the at	10.40	namad	Loornoratio	on submits this s	Interment for the		f changing	ite rogiet	orod	
office or re	gistered age	ent, or both, in the State a, and accept the oblig	e of Florid	la. Such chang <b>e was</b>	authorized	l by	the corp	poration's	board of director	s. I hereby acc	ept the app	oointment a	is register	ed	
SIGNATURE .														}	
8	Si <b>gna</b> ture, typed o	r printed name of registered Au			If: Registered	Ager	nt signature				DATE			F	
12.		OFFICERS AN	ID DIREC		13.			· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CH/	ANGES TO OFF	ICERS AND				
TITLE	BURNELL BODERION A			DELETE 1.1 TO								L Change	e [ Add	onion	
DELLA MOTA DO				1.2 N										3	
STREET ADDRESS	LAKE OZ						ADDRESS							į	
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NAME	SOLUBES	, ROGER		(A) petere	2.1 III 2.2 NA		i	Ken				C CHRING	EN AU	union J	
STREET ADDRESS	RR 1 BO						ADDRESS	CA BA	× 1384 NA						
	CAMDEN				2.3 ST			Cando	nton, MO	65020					
CITY-ST-ZIP TITLE	ST			DELETE	3.1 TiT		1-211	Secre		80000		Change	Add	dition	
NAME		TER, VERA		<b></b>	3.2 NA				Libby						
STREET ADDRESS		ING HILLS #21					address	Rt. 1	, Box 101						
CITY-ST-ZIP	LINN CR				3.4. Ci			<i>i</i> •	reek . Mo		-			1	
TITLE				☐ DELETE	4.1 10		· -"	D				Change	X Add	dition	
NAME					4. 2 NA	ME		Janet	Russell						
STREET ADDRESS					4.3 ST	REET A	address		ox 6 N/A						
CITY-ST-ZIP					4.4 CIT	Y-ST			Ozerk, MO	65044					
TITLE	<del></del>			DELETE	5.1 TIT			I				Change	Add	dition	
NAME					5.2 NA	ME									
STREET ADDRESS					5.3 STF	EET A	ADDRESS								
CITY-ST-ZIP					5.4 CIT	<u> Y-S</u> T	- ZIP								
TITLE				☐ DELETE	6.1 TIT	E						Change	Add	dition	
NAME					6.2 NA	ME		1							
STREET ADDRESS					6.3 STF	REET	ADDRESS								

14. Thereby 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 informatic 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.

**FILED** 

Mar 25 1998 8:00am

Secretary of State

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