FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 4-19-95 B-3893-NC-

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P24431** **(9)**

1. Corporation Name

NATIONAL MARINE UNDERWRITERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
410 SEVERN AVENUE SUITE 307 ANNAPOLIS MD 21403	410 SEVERN AVENUE SUITE 307 ANNAPOLIS MD 21403

3. Date Incorporated or Qualified: **05/22/1969**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **52-1337983** ☐ 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

7. 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
MCDONALD, DAVID MCDONALD & MCDONALD 1393 S.W. FIRST STREET, SUITE 200 MIAMI FL 33135	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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BEACHLEY, FRANK	1.2 NAME	
STREET ADDRESS	89 OYSTER COVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRASONVILLE MD	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, ROBERT	2.2 NAME	
STREET ADDRESS	23 UPSHUR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	INGLIS, JAY	3.2 NAME	
STREET ADDRESS	28 WILLOW	3.3. STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN HEIGHTS NY	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	COGAR, JACQUELINE A.	4.2 NAME	
STREET ADDRESS	526 WINTERSWEET CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HOLT, J. WILLIAM	5.2 NAME	
STREET ADDRESS	1100 RAHWAY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINFIELD NJ	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 attachment with an address.

SIGNATURE: Robert W. Robinson 4/14/95 410-268-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040019SB PN