

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

95 JUL -5 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P36450 (5)**

1. Corporation Name  
**RED DOG MARINE, INC.**

Principal Place of Business Meeting Address  
**55 RIVER DRIVE TEQUESTA FL 33469 55 RIVER DRIVE TEQUESTA FL 33469**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Meeting Address		3. Date Incorporated or Chartered <b>11/26/1991</b>	3a. Date of Last Report <b>06/24/1994</b>
21	26	4. FEI Number <b>65-0201232</b>		Applied For Not Applicable	
22. State, Apt. #, etc.		27. State, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign / Voting Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. County	29. Zip	30. County	7. This corporation has liability for intangible tax under s. 190.002 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WESTHOFF, THOMAS F. 55 RIVER DRIVE TEQUESTA FL 33469</b>				61	Name		
				62	Street Address (P.O. Box Number is Not Acceptable)		
				63	City		
				64	City	65	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 \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY	
TITLE	<b>P WESTHOFF, THOMAS F. 55 RIVER DRIVE TEQUESTA FL</b>	14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		15. NAME	
STREET ADDRESS		16. STREET ADDRESS	
CITY, ST. ZIP		17. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		19. NAME	
STREET ADDRESS		20. STREET ADDRESS	
CITY, ST. ZIP		21. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		22. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		23. NAME	
STREET ADDRESS		24. STREET ADDRESS	
CITY, ST. ZIP		25. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		26. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		27. NAME	
STREET ADDRESS		28. STREET ADDRESS	
CITY, ST. ZIP		29. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.02(6)(b), Florida Statutes. I do hereby certify that the information contained on this annual report or supplemental report is true and accurate and that my signature that bears this marking is offered as if made under oath. That I am an officer or director of the corporation or the person or persons authorized to state on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or both on an attached list with my address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3-95)