

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

95 MAY -1 PM 1:55

DOCUMENT # P92000010487 (6)

VALIANT MARINE PRODUCTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address

Mail Address

2900 B NW 109TH AVE
STE 404
MIAMI FL 33172
US

BOX 948
STE 404
NAPLES FL 33939
US

DO NOT WRITE IN THIS SPACE

3. Date this report is due 12/07/1992	3a. Date of Last Report 05/01/1994
4. FID Number 74-2653742	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	

2. Principal Office Address 21. 6134 TAYLOR ROAD 22. NAPLES, FLORIDA 23. 33942	2a. Mailing Address 26. P.O. Box 1766 27. NAPLES, FLORIDA 28. 33939
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9. Name and Address of Current Registered Agent CATALANO, ANTHONY J 4001 TAMiami TRAIL N STE 404 NAPLES FL 33940	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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11. Pursuant to the provisions of sections 199.03 and 199.032, Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office to the registered agent on file with the State of Florida. The changes were authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of Florida and accept the responsibility for compliance with Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME PVST HAWN JR, GEORGE S 2900B NW 109TH AVE MIAMI FL	☒ Change ☐ Addition 6134 TAYLOR ROAD NAPLES, FL. 33942
2. NAME	☐ Change ☐ Addition
3. NAME	☐ Change ☐ Addition
4. NAME	☐ Change ☐ Addition
5. NAME	☐ Change ☐ Addition
6. NAME	☐ Change ☐ Addition
7. NAME	☐ Change ☐ Addition
8. NAME	☐ Change ☐ Addition
9. NAME	☐ Change ☐ Addition
10. NAME	☐ Change ☐ Addition
11. NAME	☐ Change ☐ Addition
12. NAME	☐ Change ☐ Addition
13. NAME	☐ Change ☐ Addition
14. NAME	☐ Change ☐ Addition
15. NAME	☐ Change ☐ Addition
16. NAME	☐ Change ☐ Addition
17. NAME	☐ Change ☐ Addition
18. NAME	☐ Change ☐ Addition
19. NAME	☐ Change ☐ Addition
20. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of Florida and accept the responsibility for compliance with Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANT OFFICER OR DIRECTOR
GEORGE S. HAWN, JR.
5/1/95 813-594-0300
0481047 FP