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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000026645 (0) **DOCUMENT #** poration Name
DREADNAUGHT MARINE CORPORATION Mailing Address Principal Place of Business 7113 LAWNVIEW COURT **7113 LAWNVIEW COURT TAMPA FL 33615** TAMPA FL 33615 3a. Date 15/01/1995 3. Date 14909 P1993 or Qualified 4. FEI Ny59-3177163 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible tax under s 199.032, Florida Statutes
 Yes ☐ No Country Country Zip Ζiρ 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name POLIAKOFF, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 7113 LAWNVIEW COURT **TAMPA FI. 33615** RR 64 City 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 [NOTE: Registered Agent signature required when reinstating] Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Đ Change ☐ Addition □ DELETE 1 1 TITLE TITLE POLIAKOFF, CAROL M 1.2 NAME NAME 7113 LAWNVIEW CT 1.3 STREET ADDRESS STHEET ADDRESS TAMPA FL 1.4 DITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2 1 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3 1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CHTY-ST-ZIP Change ■ Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CПY-S1-7/2 DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 5 4 CITY - ST - ZIP CITY - S1-ZIP DEL ETE Change ☐ Addition 6 1 TITLE THLE

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)(x), 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 of 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

4/11/96 813/886-0682

CR2E034 (12/95)