

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. Monahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -3 AM 11:08

DOCUMENT # P93000038560 (7)

1. Corporation Name

FORCE 5 MOORING SYSTEMS, INC.

Principal Place of Business

17121 CAPTIVA DR
CAPTIVA FL 33924

Mailing Address

P.O. BOX 15
CAPTIVA FL 33924
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/24/1993

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0429136

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. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 900 Tarpon Bay Rd.

Suite, Apt. #, etc.

22

City & State

23 Sanibel, FL

Zip

24 33957

Country

25 U.S.A.

2a. Mailing Address

26 900 Tarpon Bay Rd.

Suite, Apt. #, etc.

27

City & State

28 Sanibel, FL 33957

Zip

29

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

MYERS, JOHN H
27 FLETCHER AVE
SARASOTA FL 34237

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

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when indicating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
CALINSKI, LISA C
17121 CAPTIVA DR.
CAPTIVA FL 33924

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

P
Anton, Jeffrey
898 Buttonwood Dr., #203
Ft. Myers Beach, FL 33931 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

C
Calinski, Michael D.
1608 Panther Ln, Unit J5
Ft. Myers, FL 33919 ☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

T/S
Toomey, Michael O.
P.O. Box 1183
Sanibel, FL 33957 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael O. Toomey

July 24, 1995

(305) 858-7103