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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000049742 (8)**

1. Corporation Name

SHIP SHAPE, INC.

Principal Place of Business	Mailing Address
4375 CANARD RD MELBOURNE FL 32934	4375 CANARD RD MELBOURNE FL 32934

3. Date Incorporated or Qualified: **07/08/1993**
3a. Date of Last Report: **07/24/1995**

2. Principal Place of Business	2a. Mailing Address
21 1030 Terry Drive	26 1030 Terry Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Melbourne, Fl.	28 Melbourne, Fl.
24 Zip 32935 / 25 Country Brevard	29 Zip 32935 / 30 Country Brevard

4. FEI Number: 59-3315349 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, GUY H JR. 4375 CANARD RD. MELBOURNE FL 32934	81 Name: Smith, Guy H. 82 Street Address (P.O. Box Number is Not Acceptable): 1030 Terry Dr. 83 84 City: Melbourne FL 85 Zip Code: 32935

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 title if agent is corporation) (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, ANN W		12 NAME	
STREET ADDRESS	4375 CANARD RD		13 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934		14 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, GUY H JR		22 NAME	
STREET ADDRESS	4375 CANARD RD		23 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934		24 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	HALL, MIKE		32 NAME	
STREET ADDRESS	4375 CANARD RD		33 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: Guy H. Smith Jr. Guy H. Smith, JR. Secy/Treas. 2/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
(407)254-8920