

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:54

DOCUMENT # P93000083879 (5)

1. Corporation Name

A D T DOCK & FLOATATION ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/01/1993 3a. Date of Last Report 02/15/1994

4. FEI Number 59-3218255 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 Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
DOWERS, GREGORY R
688 HWY. 51
STEINHATCHEE FL 32359

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 title if applicable)

(If not, Registered Agent signature required when filing this statement)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DOWERS, GREGORY R
STREET ADDRESS 688 HWY. 51
CITY- ST- ZIP STEINHATCHEE FL 32359

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE VD
NAME ALLEN, MAX
STREET ADDRESS P.O. BOX 685 N/A
CITY- ST- ZIP STEINHATCHEE FL 32359

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME NO LONGER IN CORP.
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE STD
NAME TNER, RALPH
STREET ADDRESS P.O. BOX 551 N/A
CITY- ST- ZIP STEINHATCHEE FL 32359

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME STD
3.3 STREET ADDRESS DOWERS, Percith
3.4 CITY- ST- ZIP 688 HWY 51
STEINHATCHEE, FLA.

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 118.07(3)(b), 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 the 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:

Gregory R. Dowers
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/18/95

1-904-498-7721