FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003480 (8)

1. Corporation Name
NAUTICAL SPECIALISTS, INC.

Principal Place of Business	Mailing Address
~~2323~~ ~~13500~~ OVERSEAS HWY MARATHON FL 33050	P.O. BOX ~~523432~~ MARATHON FL 33052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1994
3a. Date of Last Report:

2. Principal Place of Business 21 PO Box 147 Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale FL Zip 24 33302 County 25 Broward	2a. Mailing Address 26 Po Box 147 Suite, Apt. #, etc. 27 City & State 28 Ft Lauderdale FL Zip 29 33302 Country 30 BrowARD	4. FEI Number 65-0465694 ☐ 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

HEFFERNAN, W.J. JR.
2975 OVERSEAS HWY
MARATHON FL 33050

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	MILES, ROBERT G	12 NAME	
STREET ADDRESS	SLIP 11 - AVE I	13 STREET ADDRESS	same
CITY ST ZIP	MARATHON FL 33050	14 CITY ST ZIP	PO Box 147 FA Ft. Lauderdale FL 33302
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	MILES, MARY D	22 NAME	
STREET ADDRESS	SLIP 11 - AVE I	23 STREET ADDRESS	Same
CITY ST ZIP	MARATHON FL 33050	24 CITY ST ZIP	PO Box 147 FA Ft. Lauderdale FL 33302
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	000001488080 -05/16/95--01011--024
STREET ADDRESS		33 STREET ADDRESS	****200.00 ****200.00
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	000001488080 -05/16/95--01011--025
STREET ADDRESS		43 STREET ADDRESS	*****25.00 *****25.00
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 exemptions stated in Section 119.07(3)(i), 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 hereinabove, or on an attachment with an address.

SIGNATURE: Mary Miles Mary Miles, Director 5-9-95 4-11-95 (305) 763-8353 ~~743-8854~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0424445 FP