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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:38

DOCUMENT # P94000013723 (9)

1. Corporation Name
SHIP SHAPE MARINE, INC.

Principal Place of Business	Mailing Address
820 THOMAS AVE LEESBURG FL 34748	820 THOMAS AVE LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/15/1994
3a. Date of Last Report: NA

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3247588 ☐ 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

SHAPARD, WILLIAM P
820 THOMAS AVE
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name: WILLIAM P SHAPARD
82 Street Address (P.O. Box Number is Not Acceptable): 1916 N FERN CIR
83 ~~LEESBURG~~
84 City: LEESBURG FL 85 Zip Code: 34748

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] WILLIAM P SHAPARD S/D 1/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ~~President~~
NAME	SHAPARD, WILLIAM P
STREET ADDRESS	820 THOMAS AVE
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	~~CAPT JULIA L SCHLOSSER~~
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/P/S/T/D	☑ Change ☐ Addition
1.2 NAME	SHAPARD, WILLIAM P	
1.3 STREET ADDRESS	1916 N FERN CIR	
1.4 CITY-ST-ZIP	LEESBURG, FL 34748	
2.1 TITLE	P/D	☐ Change ☑ Addition
2.2 NAME	SCHLOSSER, CAPT JULIA L	
2.3 STREET ADDRESS	1916 N FERN CIR	
2.4 CITY-ST-ZIP	LEESBURG FL 34748	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] WILLIAM P SHAPARD S/D 1/14/95 904-360-1703
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0378785 CP