

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000060224 (0)

1. Corporation Name

MONARCH MARINE PRODUCTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 PM 9:45

Principal Place of Business

2825 ELDORADO AVE.
JACKSONVILLE FL 32210

Mailing Address

2825 ELDORADO AVE.
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

2. Principal Place of Business

21

Route Apt # etc

2a. Mailing Address

26

State Apt # etc

4. FEI Number

59-3263014

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 § 190.03?

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, WILLIAM H
2825 ELDORADO AVE.
JACKSONVILLE FL 32210

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 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person named as registered agent and director

Signature of the person named as registered agent and director

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS

TITLE	D
NAME	EVANS, WILLIAM H
STREET ADDRESS	2825 ELDORADO AVE.
CITY, ST, ZIP	JACKSONVILLE FL 32210
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	

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct 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 person responsible for the preparation of 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 no address.

SIGNATURE: *William H. Evans* WILLIAM H. EVANS 1/8/95 (904) 359-5112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR