

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:55

DOCUMENT # P94000069727 (3)

1. Corporation Name

ANCHOR MARINE SERVICE, INC.

Principal Place of Business

1820 NO. CHRYSTAL LAKE DRIVE
AUBURNDALE FL

Mailing Address

1820 NO. CHRYSTAL LAKE DRIVE
AUBURNDALE FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/20/1994

3a. Date of Last Report

2. Principal Place of Business

21 3440 HWY 92 E
Suite, Apt. #, etc.

22 LAKE LAND FL
City & State

23 33801 POLK
Zip

24 Country

2a. Mailing Address

26 706 MCCAMPBELL RD
Suite, Apt. #, etc.

27 AUBURNDALE FL
City & State

28 33823
Zip

29 Country

4. FEI Number

59-3266292

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

ZIMMER, DONALD R
706 MCCAMPBELL ROAD
AUBURNDALE FL 33823

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

Donald R. Zimmer

Donald R. Zimmer

4-3-95

Signature, typed or printed name of registered agent and the filer

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1 TITLE P
NAME ZIMMER, DONALD R
STREET ADDRESS 706 MCCAMPBELL ROAD
CITY, ST, ZIP AUBURNDALE FL 33823

2 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

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, the filer, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

Donald R. Zimmer
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Donald R. Zimmer
PRESIDENT
4-3-95 813 6671525
DATE (Month/Day/Year)