

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

**APPROVED
AND
FILED**

95 APR 20 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073220 (3)

1. Corporation Name

OCEAN TOOL, INC.

Principal Place of Business

**13003 MADISON AVENUE
LARGO FL 34643**

Mailing Address

**13003 MADISON AVENUE
LARGO FL 34643**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/03/1994

3a. Date of Last Report

2. Principal Place of Business

21 13151A 91st St N

Suite, Apt. #, etc.

22 Unit 806A

City & State

23 Largo FL

Zip

24 34643

Country

25 Pinellas

2a. Mailing Address

26 13151A 91st St N

Suite, Apt. #, etc.

27 Unit 806A

City & State

28 Largo FL

Zip

29 34643

Country

30 Pinellas

4. FEI Number

59-3269691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees 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

**ZENDER, WILLIAM J
13003 MADISON AVENUE
LARGO FL 34643**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13151A 91st St N Unit 806A

83

84 City

Largo

FL

85 Zip Code

34643

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 of corporation

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ZENDER, WILLIAM J**
STREET ADDRESS **13003 MADISON AVENUE**
CITY- ST- ZIP **LARGO FL 34643**

TITLE **S**
NAME **ZENDER, DONALD R**
STREET ADDRESS **10971 VALENCIA TERRACE**
CITY- ST- ZIP **SEMIPOLE FL 34642**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 exemption stated in Section 119.07(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 changed, or on an attachment with an address.

SIGNATURE: William J Zender *William J Zender* **President** **4/17/95** **(813) 582-9939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Explain If True