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Jun 02 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000000019 (6)

1. Corporation Name
A SUPERIOR MARINE CONSTRUCTION, INC.

Principal Place of Business
5914 S.E. MITZI LANE
STUART FL 34997

Mailing Address
5914 S.E. MITZI LANE
STUART FL 34997-8005



3. Date Incorporated or Qualified 01/03/1995
3a. Date of Last Report 04/30/1996

4. FEI Number 65-0541878
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

2. Principal Place of Business

21 5914 S.E. MITZI LANE

22 SUART, FL 34997

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

JONES, DAWN M
5914 S.E. MITZI LANE
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name SHAWN D. JONES
82 Street Address (P.O. Box Number is Not Acceptable)
5914 S.E. MITZI LANE
83 SUART, FL 34997
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 *Shawn D. Jones*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-31-97

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, SHAUN D	
STREET ADDRESS	5914 S.E. MITZI LANE	
CITY - ST - ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, DAWN M	
STREET ADDRESS	5914 S.E. MITZI LANE	
CITY - ST - ZIP	STUART FL 34997	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BRUSH, MIKE	
STREET ADDRESS	5914 S.E. MITZI LANE	
CITY - ST - ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CRAIG ALDEN WOOD	
1.3 STREET ADDRESS	5914 S.E. MITZI LANE	
1.4 CITY - ST - ZIP	STUART, FL 34997	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRIAN BOISHARD	
2.3 STREET ADDRESS	5914 S.E. MITZI LANE	
2.4 CITY - ST - ZIP	STUART, FL 34997	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Shawn D. Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-97

Date

561-220-2306

Daytime Phone #

CR2E034 (9/96)