

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000086485 (6)**

1. Corporation Name  
**ACKLEY MARINE PRODUCTS, INC.**



Principal Place of Business: **2423 NORFOLK ROAD ORLANDO FL 32803**  
Mailing Address: **2423 NORFOLK ROAD ORLANDO FL 32803**

3. Date Incorporated or Qualified: **11/09/1995**  
3a. Date of Last Report:   
4. FEI Number: **593325477**  
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 **2423 Norfolk Road**  
Suite, Apt. #, etc:  
22  
City & State: **Orlando Florida**  
23  
Zip: **32803** Country: **U.S.A.**  
24  
2a. Mailing Address  
26 **2423 Norfolk Road**  
Suite, Apt. #, etc:  
27  
City & State: **Orlando, Florida**  
28  
Zip: **32803** Country: **U.S.A.**  
29  
30

9. Name and Address of Current Registered Agent  
**ACKLEY, WILLIAM V  
2423 NORFOLK ROAD  
ORLANDO FL 32803**  
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: *William V. Ackley* DATE: **3-18-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President</b> <input type="checkbox"/> DELETE	1. TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ACKLEY, WILLIAM V</b>	2. NAME	
STREET ADDRESS	<b>2423 NORFOLK ROAD</b>	3. STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	4. CITY-ST-ZIP	
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McNamara, Michael</b>	2. NAME	
STREET ADDRESS	<b>716 E. Michigan #113</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Orlando, FL 32806</b>	2.4 CITY-ST-ZIP	
TITLE	<b>Treasurer</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ackley, Helen V.</b>	3.2 NAME	
STREET ADDRESS	<b>2423 Norfolk Rd.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Orlando, FL 32803</b>	3.4 CITY-ST-ZIP	
TITLE	<b>Director</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lundberg, Lars B.</b>	4.2 NAME	
STREET ADDRESS	<b>1014 Palma del Mar Blvd. #206</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>St. Pete, FL 33715</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>100001859191</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTHA RHODES</b>	5.2 NAME	<b>-06/12/96--01018--011</b>
STREET ADDRESS	<b>777 Hidden Circle</b>	5.3 STREET ADDRESS	<b>***225.00</b>
CITY-ST-ZIP	<b>Centerville OH 45458</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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 V. Ackley* **William V. Ackley** DATE: **3-18-96** TELEPHONE: **407-896-5565**

CR2E034 (12/95)