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Apr 11 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 # P96000057388 (6)

1. Corporation Name
HMY MARINE INSURANCE, INC.



Principal Place of Business
850 NORTHEAST 3RD STREET
SUITE 213
DANIA FL 33004

Mailing Address
850 NORTHEAST 3RD STREET
SUITE 213
DANIA FL 33004-3419

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
07/03/1996

3a. Date of Last Report

4. FEI Number

65-0679993

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

WOOD, STEPHEN
2931 NORTHEAST 18TH STREET
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name FRANK SKIP SMITH

82 Street Address (P.O. Box Number is Not Acceptable)
2931 N.E. 16th St.

83

84 City Pompano Bch

FL

85 Zip Code 33062

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

FRANK J. SMITH JR

4-7-97

Signature of typist or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME Stephen Dennis Mounihan
1.3 STREET ADDRESS 850 NE 3rd St.
1.4 CITY-ST-ZIP DANIA, FL 33004

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME FRANK SKIP SMITH
2.3 STREET ADDRESS 2931 NE 16th St
2.4 CITY-ST-ZIP Pompano Bch FL 33062

3.1 TITLE Director ☐ Change ☒ Addition

3.2 NAME Willis Vince Austin
3.3 STREET ADDRESS 850 NE 3rd St
3.4 CITY-ST-ZIP DANIA, FL 33004

4.1 TITLE Director ☐ Change ☒ Addition

4.2 NAME Leroy Merritt
4.3 STREET ADDRESS 2931 N.E. 16th St
4.4 CITY-ST-ZIP Pompano Bch FL 33062

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 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:

FRANK J. SMITH JR

4-7-97

954 184 1807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)