

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S73613** (9)

1. Corporation Name

**NEW AGE MARINE PRODUCTS, INC.**



Principal Place of Business

**219 MAGNOLIA AVENUE  
DAYTONA BEACH FL 32114  
US**

Mailing Address

**P.O. BOX 9985  
SUITE 20  
DAYTONA BEACH FL 32120  
US**

3. Date Incorporated or Qualified

**08/14/1991**

3a. Date of Last Report

**04/06/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

**P.O. BOX 9985**

4. FEI Number

**80-6564040**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

22

Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23

City & State

28

City & State

**DAYTONA BEACH FL**

24

Zip

Country

29

Zip

Country

**32120**

**US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BANDY, DEBORAH J.  
1657 CORDOVA AVENUE  
HOLLY HILL FL 32117**

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

Signature typed or printed (not of registered agent, if not applicable)

Date Registered Agent signature required when re-registering

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

**BANDY, DEBORAH J.  
1657 CORDOVA AVENUE  
HOLLY HILL FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

VS

☐ DELETE

NAME

**BANDY, HENRY E.  
1657 CORDOVA AVENUE  
HOLLY HILL FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

T

☐ DELETE

NAME

**HOSBEIN, BARBARA  
P.O. BOX 635 N/A  
BANNER ELK NC**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

☐ Change ☐ Add on

2. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

☐ Change ☐ Addition

2. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

☐ Change ☐ Addition

3. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

☐ Change ☐ Addition

4. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

☐ Change ☐ Addition

5. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

☐ Change ☐ Addition

6. 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 22, 1996** 904  
248-1544  
Date Daytime Phone #

CR2E034 (12/95)