

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 # **V03551** (1)

1. Corporation Name
CUSTOM DOCK & REPAIR, INC.



Principal Place of Business: **1757 SAN MARCO RD. MARCO ISLAND FL 33937**
Mailing Address: **1104 N. COLLIER BLVD. MARCO ISLAND FL 33937 US**

3. Date Incorporated or Qualified: **12/27/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0315267**
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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREUSEL, JAMIE B.
1104 N. COLLIER BLVD.
MARCO ISLAND FL 33937**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

P DELETE
 TITLE: _____
 NAME: **FURFEY, WAYNE**
 STREET ADDRESS: **1149 BREAKWATER COURT**
 CITY - ST - ZIP: **MARCO ISLAND FL**

V DELETE
 TITLE: _____
 NAME: **ORKNEY, KENNETH**
 STREET ADDRESS: **806 CHESNUT**
 CITY - ST - ZIP: **MARCO ISLAND FL 33937**

S DELETE
 TITLE: _____
 NAME: **ORKNEY, LISA**
 STREET ADDRESS: **172 TAHITI ROAD**
 CITY - ST - ZIP: **MARCO ISLAND FL**

DELETE
 TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

DELETE
 TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

DELETE
 TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
 1.2 NAME: _____
 1.3 STREET ADDRESS: **256 N. BARFIELD DR.**
 1.4 CITY - ST - ZIP: **MARCO ISLAND FL**

2.1 TITLE: _____ Change Addition
 2.2 NAME: _____
 2.3 STREET ADDRESS: _____
 2.4 CITY - ST - ZIP: _____

3.1 TITLE: _____ Change Addition
 3.2 NAME: _____
 3.3 STREET ADDRESS: _____
 3.4 CITY - ST - ZIP: _____

4.1 TITLE: _____ Change Addition
 4.2 NAME: _____
 4.3 STREET ADDRESS: _____
 4.4 CITY - ST - ZIP: _____

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: _____

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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 in an attachment with an address.

SIGNATURE: *Lisa M. Orkney* - **LISA M. ORKNEY** Secretary **2/23/96** **941-394-6222**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)