

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:16

DOCUMENT # V07362 (9)

1. Corporation Name

DRIFTWOOD MARINE CORPORATION

Principal Place of Business

Mailing Address

C/O JOHN DIVINE
DOLPHIN AVE & 139TH STREET #MM54
MARATHON FL 33050

C/O JOHN DIVINE
DOLPHIN AVE & 139TH STREET #MM54
MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1992

3a. Date of Last Report

03/22/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0306264

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

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIVINE, JOHN
DOLPHIN AVE & 139TH STREET #MM54
MARATHON FL 33050**

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 of corporation)

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	DIVINE, JOHN
STREET ADDRESS	1153 70TH STREET
CITY, ST, ZIP	MARATHON FL 33050
TITLE	VS
NAME	WILLIAMS, PATRICIA
STREET ADDRESS	#26 HARBOR HOUSE, 1217 SOMBRERO BLVD.
CITY, ST, ZIP	MARATHON FL 33050
TITLE	T
NAME	DIVINE, PAUL
STREET ADDRESS	431 E. COLFAX
CITY, ST, ZIP	SOUTH BEND IN 46617
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
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	

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 110 (07.03)(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:

John Divine Pres
Typed or printed name of signing officer or director

(Title)

1-11-95 305-289-0432
(Signature/Phone #)