

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 PM 9:49

DOCUMENT # **V09296**

(7)

1. Corporation Name

S & M MARINE, INC.

Principal Place of Business

**RT 5 BOX 33-A
BIG PINE KEY FL 33043**

Mailing Address

**RT 5 BOX 33-A
BIG PINE KEY FL 33043**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1992

3a. Date of Last Report

02/01/1994

4. FEI Number

65-0369329

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$0.75 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 § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DANIELS, N. SCOTT
RT 5 BOX 33A
BIG PINE KEY FL 33043**

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 officer or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. Thereby 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 third-party agent)

(Signature, typed or printed name of registered agent and third-party agent)

(Signature)

12. OFFICERS AND DIRECTORS

1. TITLE

D

NAME

DANIELS, N. SCOTT

STREET ADDRESS

RT 5 BOX 33A

CITY, ST, ZIP

BIG PINE KEY FL

1. TITLE

D

NAME

BARBER, MICHAEL R.

STREET ADDRESS

RT 5 BOX 110-K

CITY, ST, ZIP

BIG PINE KEY FL

1. TITLE

P

NAME

BARBER, MICHAEL R.

STREET ADDRESS

RT. 5, BOX 110-K

CITY, ST, ZIP

BIG PINE KEY FL

1. TITLE

VT

NAME

DANIELS, N. SCOTT

STREET ADDRESS

RT. 5, BOX 33A

CITY, ST, ZIP

BIG PINE KEY FL

1. TITLE

V

NAME

BARBER, TROY L.

STREET ADDRESS

P.O. BOX 444, 1ST STREET

CITY, ST, ZIP

EASTPOINT FL

1. TITLE

V

NAME

HOLLAND, CARL

STREET ADDRESS

1510 OLD EAGLE LAKE RD

CITY, ST, ZIP

BARTOW FL 33830

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

**BARBER, TROY L.
RT 5 BOX 110K
BIG PINE KEY FL 33043**

☒ Change ☐ Addition

ADDRESS

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 191.012(1)(b), 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 addition.

SIGNATURE:

N. Scott Daniels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/95

305 291-6705