

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 575073

Entity Name: NORTH FLORIDA SHIPYARDS, INC.**Current Principal Place of Business:**2060 EAST ADAMS STREET
JACKSONVILLE, FL 32202**Current Mailing Address:**PO BOX 10339
JACKSONVILLE, FL 32247 US**FEI Number:** 59-1828951**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CABRAL, JOHN M
2060 EAST ADAMS STREET
JACKSONVILLE, FL 32202 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JOHN M CABRAL

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DPD
Name	SELF, MATTHEW J
Address	PO BOX 10339
City-State-Zip:	JACKSONVILLE FL 32247

Title	DIRECTOR
Name	SHIFFERT, NANCY D
Address	PO BOX 10339
City-State-Zip:	JACKSONVILLE FL 32247

Title	SECRETARY
Name	BAXLEY, JO ELLEN
Address	PO BOX 10339
City-State-Zip:	JACKSONVILLE FL 32247

Title	CFO
Name	CABRAL, JOAO (JOHN) M
Address	PO BOX 10339
City-State-Zip:	JACKSONVILLE FL 32247

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOAO (JOHN) M CABRAL

CFO

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date