FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 3:07

DOCUMENT # **296543** **(2)**

1. Corporation Name

DELTA MARINE CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
2106 HOLLY OAKS RIVER DRIVE JACKSONVILLE FL 32225	2106 HOLLY OAKS RIVER DRIVE JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/07/1965**
3a. Date of Last Report: **01/19/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: **59-1104050** ☐ Applied For ☐ Not Applicable

Suite, Apt #, etc. (22):
Suite, Apt #, etc. (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25):
Zip (29): Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BLACKWELL,HOLDEN
2106 HOLLY OAKS RIVER DRIVE
JACKSONVILLE FL 32225

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 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 _____ DATE
(Signature of president or vice president of corporation and the Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, GEORGE K	12 NAME	
STREET ADDRESS	1238 SHEFFIELD RD	13 STREET ADDRESS	
CITY ST ZIP	SWITZERLAND, FL 00000	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, HOLDEN	22 NAME	
STREET ADDRESS	2106 HOLLY OAKS RVR DR	23 STREET ADDRESS	
CITY ST ZIP	JACKOSNVILLE, FL 00000	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, VIRGINIA	32 NAME	
STREET ADDRESS	2106 HOLLY OAKS RVR DR	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, HOLDEN W	42 NAME	
STREET ADDRESS	10150 BELLE RIVE BLVD #202	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(i), 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: Virginia Blackwell VIRGINIA BLACKWELL 1/13/95 904 645-7553
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Telephone Number)

0010207 CP