

**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

**APPROVED  
AND  
FILED**

95 MAR -7 PH 2: 26

**DOCUMENT # 447632 (1)**

1. Corporation Name:  
**CAPE MARINE SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**800 SCALLOP DRIVE 800 SCALLOP DRIVE**  
**CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/13/1974** 3a. Date of Last Report **01/21/1994**

4. FEI Number **59-1517190** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**SEAMAN (GERALD E.)  
4340 NORTH TROPICAL TRAIL  
MERRITT ISLAND FL 32953**

**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

Signature of registered agent or officer of registered agent and the applicant

(NOTE: Registered Agent signature required when registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DT</b>
NAME	<b>SEAMAN, ROSE</b>
STREET ADDRESS	<b>4340 N TROPICAL TRAIL</b>
CITY-ST-ZIP	<b>MERRITT ISLAND, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>PARKER, WILLIAM E</b>
STREET ADDRESS	<b>150 CARRIOCA CT</b>
CITY-ST-ZIP	<b>MERRITT ISLAND, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>PARKER, LOUISE C</b>
STREET ADDRESS	<b>450 CARRIOCA COURT</b>
CITY-ST-ZIP	<b>MERRITT ISLAND, FL 00000</b>
TITLE	<b>DP</b>
NAME	<b>SEAMAN, GERALD E</b>
STREET ADDRESS	<b>4340 N TROPICAL TRAIL</b>
CITY-ST-ZIP	<b>MERRITT ISLAND, FL 00000</b>
TITLE	<b>DS</b>
NAME	<b>MONACHELLO, KAREN R.</b>
STREET ADDRESS	<b>4910 FALCON BLVD.</b>
CITY-ST-ZIP	<b>COCOA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(6)(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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 and changed, or in an attachment with an address.

SIGNATURE: *Rose Seaman* **ROSE SEAMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/3/95* **407-452-1492**  
DATE AND TELEPHONE NUMBER