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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(1)

Corporation Name

CAPE MARINE SERVICES, INC.

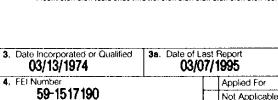
Principal Place o	f Business
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2. Principal Place of Business

Mailing Address

2a. Mailing Address

800 SCALLOP DRIVE CAPE CANAVERAL FL 32920 800 SCALLOP DRIVE CAPE CANAVERAL FL 32920



21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Ζıp Country This corporation has liability for intangible tax under s 199.032, Zφ ☐ Yes ☐ No 30 24 29 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SEAMAN (GERALD E.) 82 Street Address (P.O. Box Number is Not Acceptable) 4340 NORTH TROPICAL TRAIL 83 MERRITT ISLAND FL 32953 City 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: typod or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstalling):  DATE  Output  Date						
12.	Signature typed or printed name of registered agent and bite if applicable (NI  OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THILE	DT	DELETE	1, 1 TITLE	☐ Change ☐ Addition		
NAME	SEAMAN, ROSE		1.2 NAME			
STREET ADDRESS	4340 N TROPICAL TRAIL		1.3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 00000		1.4 CITY-ST-ZIP			
THILE	D	DELETE	2 1 TITLE	Change Addition		
NAME	Parker, William E		2 2 NAME			
STREET ADDRESS	450 CARRIOCA CT		2 3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 00000		2 4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	3 1 TITLE	Change Addition		
NAME	PARKER, LOUISE C		3.2 NAME			
STREET ADDRESS	450 CARRIOCA COURT		3.3 STREET ADDRESS			
CITY - ST - ZIP	MERRITT ISLAND, FL 00000		3 4 CITY - ST - ZIP			
TITLE	DP	DÉLETE	4 1 TITLE	Change Addition		
NAME	SEAMAN, GERALD E		4.2 NAME			
STREET ADDRESS	4340 N TROPICAL TRAIL		4 3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 00000		4.4 CITY - ST - ZIP			
TITLE	DS	DELETE	5. 1 TITL€	Change Addition		
NAME	MONACHELLO, KAREN R.		5.2 NAME			
STREET ADDRESS	4910 FALCON BLVD.		5.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL		5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6 1 TITLE	Change Addition		
NAME			6 2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			

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)(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 cath; 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 chapter 607, or on an all achment with an address.

6 4 CITY - ST - ZIP

**SIGNATURE:** 

reasurer

401-783-8410

CR2E034 (12/95)