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**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90089 008 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **447632**

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

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

Mailing Address  
**800 SCALLOP DRIVE  
 CAPE CANAVERAL FL 32920**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/13/1974**

4. FEI Number  
**59-1517190**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **DT SEAMAN, ROSE**  
 STREET ADDRESS **4340 N TROPICAL TRAIL**  
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE  DELETE  
 NAME **D PARKER, WILLIAM**  
 STREET ADDRESS **450 CARRIOCA CT**  
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE  DELETE  
 NAME **D PARKER, LOUISE C**  
 STREET ADDRESS **450 CARRIOCA COURT**  
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE  DELETE  
 NAME **DP SEAMAN, GERALD**  
 STREET ADDRESS **4340 N TROPICAL TRAIL**  
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE  DELETE  
 NAME **DS HOUCK, KAREN R**  
 STREET ADDRESS **5120 FLORIDA PALM AVE**  
 CITY-ST-ZIP **COCOA FL 32927**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Karen Houck* **KAREN HOUCK**

1/25/99

407-783-840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)