

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **449732** (7)
1. Corporation Name
MARINE TRANSPORTATION SERVICES, INC.



Principal Place of Business: **3830 FRANKFORD AVE PANAMA CITY FL 32405-1906**
Mailing Address: **3830 FRANKFORD AVE PANAMA CITY FL 32405-1908**

3. Date Incorporated or Qualified: **04/03/1974**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **59-1518740**
Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**DAVIS, GROVER W.
3024 KINGS HARBOR RD
PANAMA CITY FL 32405**

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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, JUDY	
STREET ADDRESS	3024 KINGS HARBOR RD	
CITY-STATE-ZIP	PANAMA CITY, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, GROVER	
STREET ADDRESS	3024 KINGS HARBOR RD	
CITY-STATE-ZIP	PANAMA CITY, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DAVIS, JOE ED	
STREET ADDRESS	5100 N LAGOON DRIVE	
CITY-STATE-ZIP	PANAMA CITY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, BONNIE, J	
STREET ADDRESS	5100 N LAGOON DR	
CITY-STATE-ZIP	PANAMA CITY BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
2: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
3: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	2843 Longleaf Rd Panama City FL 32405
34 CITY-STATE-ZIP	
4: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	2843 Longleaf Rd Panama City FL 32405
44 CITY-STATE-ZIP	
5: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
6: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Judy Davis* **JUDY DAVIS** 3/22/96 (904) 769-149

CR2E034 (12/95)