

***** AMENDED ANNUAL REPORT *****

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

98 NOV 18 PM 2:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

400002701444--4
 -12/03/98--01042--011
 *****183.75 *****61.25

DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
 3830 Frankford Ave. 3830 Frankford Ave.
 Panama City, FL Panama City, FL
 32405-1908 32405-1908

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified
 04/03/1974
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	11 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Judy	12 NAME	Davis, Kimberly K.
STREET ADDRESS	3024 Kings Harbor Rd.	13 STREET ADDRESS	203 Timber Lane
CITY-ST-ZIP	Panama City, FL 00000	14 CITY-ST-ZIP	Panama City, FL 32405
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Grover	22 NAME	Davis, Grover
STREET ADDRESS	3024 Kings Harbor Rd.	23 STREET ADDRESS	3024 Kings Harbour Road
CITY-ST-ZIP	Panama City, FL 00000	24 CITY-ST-ZIP	Panama City, FL 32405
TITLE	VPD <input checked="" type="checkbox"/> DELETE	31 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Joe Ed	32 NAME	Davis, Judy
STREET ADDRESS	2843 Longleaf Rd.	33 STREET ADDRESS	3024 Kings Harbour Road
CITY-ST-ZIP	Panama City, FL	34 CITY-ST-ZIP	Panama City, FL 32405
TITLE	TD <input checked="" type="checkbox"/> DELETE	41 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Bonnie J.	42 NAME	Beasley, Kerrie D.
STREET ADDRESS	2843 Longleaf Rd.	43 STREET ADDRESS	2859 Tupelo Drive
CITY-ST-ZIP	Panama City, FL	44 CITY-ST-ZIP	Panama City, FL 32405
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

Signature and typed or printed name of signing officer or director: *Kimberly K. Davis* Kimberly K. Davis

Date: 11/16/98

Daytime Phone #: (850) 769-2391

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 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.

CR2E034 (5/98)