FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 449732

1. Corporation Name

MARINE TRANSPORTATION SERVICES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
04/03/1974

4. FEI Number
59-1518740

Applied For / Not Applicable

5. Certifcate 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		26	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	25 Country	29 Zip / 30 Country

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD ☐ DELETE **NAME** DAVIS, JUDY **STREET ADDRESS** 3024 KINGS HARBOR RD **CITY-ST-ZIP** PANAMA CITY FL 32405		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD ☐ DELETE **NAME** DAVIS, GROVER **STREET ADDRESS** 3024 KINGS HARBOR RD **CITY-ST-ZIP** PANAMA CITY FL 32405		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD ☐ DELETE **NAME** DAVIS, KIMBERLY K. **STREET ADDRESS** 203 TIMBER LANE **CITY-ST-ZIP** PANAMA CITY FL 32405		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD ☐ DELETE **NAME** BEASLEY, KERRIE D **STREET ADDRESS** 2859 TUPELO DRIVE **CITY-ST-ZIP** PANAMA CITY FL 32405		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _Judy Davis_   Judy Davis   3/24/99   (850) 769-145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #