

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:07

DOCUMENT # F94000002803 (4)

1. Corporation Name
SAFE BERTH MAINTENANCE, INC.

Principal Place of Business	Mailing Address
6001 CHATHAM CENTER DR SUITE 350 ORLEAN BLDG SAVANNAH GA 31405	6001 CHATHAM CENTER DR SUITE 350 ORLEAN BLDG SAVANNAH GA 31405

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/27/1994	3a. Date of Last Report
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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
24 Country	29 Country
25	30

4. FEI Number APPLIED FOR 58-2111564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HUMBER, MICHAEL D
1921 HECKSCHER DR
JACKSONVILLE FL 32226**

10. Name and Address of New Registered Agent

81 Name KEN BURCH
82 Street Address (P.O. Box Number is Not Acceptable) 1921 HECKSCHER DRIVE
83
84 City JACKSONVILLE
85 Zip Code FL 32226

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

12. OFFICERS AND DIRECTORS	
TITLE CP	PEEPLES, FRANK K 6001 CHATHAM CENTER DR, SUITE 350 SAVANNAH GA
TITLE V	MAYFIELD, E. GAY 6001 CHATHAM CENTER DR, SUITE 350 SAVANNAH GA
TITLE S	STROUSE, DEBRA M 6001 CHATHAM CENTER DR, SUITE 350 SAVANNAH GA
TITLE VT	BENTON, JOHN R JR 6001 CHATHAM CENTER DR, SUITE 350 SAVANNAH GA
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME PEEPLES, FRANK K.	
13 STREET ADDRESS 6001 CHATHAM CTR. SUITE 350	
14 CITY - ST - ZIP SAVANNAH, GA 31405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE P	
22 NAME MAYFIELD, E. GAY	
23 STREET ADDRESS 6001 CHATHAM CTR, SUITE 350	
24 CITY - ST - ZIP SAVANNAH, GA 31405	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof, or as an addendum with an address.

SIGNATURE *Debra M. Strouse* **Debra M. Strouse** **3/28/95** **(912) 236-1865**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR