

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000002803 (4)**

1. Corporation Name

SAFE BERTH MAINTENANCE, INC.



Principal Place of Business

6001 CHATHAM CENTER DR
SUITE 350 ORLEAN BLDG
SAVANNAH GA 31405

Mailing Address

6001 CHATHAM CENTER DR
SUITE 350 ORLEAN BLDG
SAVANNAH GA 31405

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified
05/27/1994

3a. Date of Last Report
04/06/1995

4. FLL Number
58-2111564

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

9. Name and Address of Current Registered Agent

**BURCH, KEN
1921 HECKSCHER DRIVE
JACKSONVILLE FL 32226**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0607 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 607.0515, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent of Change

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEPLES, FRANK K.	12 NAME	
STREET ADDRESS	6001 CHATHAM CENTER DR, SUITE 350	13 STREET ADDRESS	
CITY, ST, ZIP	SAVANNAH GA	14 CITY, ST, ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYFIELD, E. GAY	22 NAME	
STREET ADDRESS	6001 CHATHAM CENTER DR, SUITE 350	23 STREET ADDRESS	
CITY, ST, ZIP	SAVANNAH GA	24 CITY, ST, ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUSE, DEBRA M	32 NAME	
STREET ADDRESS	6001 CHATHAM CENTER DR, SUITE 350	33 STREET ADDRESS	
CITY, ST, ZIP	SAVANNAH GA	34 CITY, ST, ZIP	
TITLE	VT	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTON, JOHN R JR	42 NAME	
STREET ADDRESS	6001 CHATHAM CENTER DR, SUITE 350	43 STREET ADDRESS	
CITY, ST, ZIP	SAVANNAH GA	44 CITY, ST, ZIP	
TITLE		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		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	

14. I do hereby certify that the information supplied by the filings submitted to me is true and does not apply for the exempt or state filer Section 119.073(3), Florida Statutes. I further certify that the information indicated on this form is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer and director of the corporation or the registrar or trustee or person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE *John M. Strouse* *Debra M. Strouse* 4/16/96 236-1865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)