

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P93000085389 (3)

1. Corporation Name

A - B - SEA MARINE SERVICES, INC

95 APR 28 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4005 US HWY 19

NEW PORT RICHEY FL 34052

Mailing Address

4005 US HWY 19

NEW PORT RICHEY FL 34052

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
04/20/1994

2. Principal Place of Business

21 3436 Bluebird Drive

2a. Mailing Address

20 P.O. Box 412

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Holiday, Florida

City & State

20 New Port Richey FL

Zip

24 34690

Country

Zip

29 34656

Country

4. FEI Number
59-3214185

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

9. Name and Address of Current Registered Agent

KAVANAUGH, RICHARD T

4005 US HWY 19

NEW PORT RICHEY FL 34052

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3436 Bluebird Dr.

84 City

85 Holiday

FL

86 Zip Code
34690

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 reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KAVANAUGH, RICHARD T
4005 US HWY 19
NEW PORT RICHEY FL 34052

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LUCIVERO, MICHAEL
4005 US HWY 19
NEW PORT RICHEY FL 34052

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
Change Addition
3436 Bluebird Dr.
Holiday FL 34690

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
Change Addition
1309 Pine Ridge Circle E. Apt C3
Tarpon Springs FL 34689

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
Change 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 Sections 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 Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Richard T. Kavanagh

4-24-95

813 942 0141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)