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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
EMERALO COAST F



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 05 1998 8:00am Secretary of State

DOCUMENT # P9400053964 (0)  EMERALD COAST FABRICATION, INC.					
Principal Place of Business  530 6KYVIEW OR  PANAMA CITY BEACH FL 32408 US		Mailing Address 530 SKYVIEW DRIVE PANAMA CITY BEACH FL 32408 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal P	inos of Puninose	2a. Mailing Address		07/21/1994 4. FEI Number	1 1 "
<del></del>		26 Maining Address		59-3255905	Applied For Not Applicable
Sulte, Apt. #, etc. Suite,		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	Ð	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Z <sub>ID</sub>	Country	Trust Fund Contribution	Added to Fees
24)	25	29 29	30	8. This corporation owes or has paid the of Personal Property Tax due June 30.	current year Intangible  X Yes
-71	9. Name and Address of Curre		134	10. Name and Address of New Registers	<u></u>
TA	TANISH, WENDY		81 Name		
140 PALM GROVE BLVD				Address (P.O. Box Number is Not Acceptable)	<del>-</del>
PA	NAMA CITY BEACH FL 32408			tadioso (1.0. Dox raminos in 1401 / toopiable)	<u></u>
			83		
			84 City		■ 85 Zip Code
				F	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was pations of, Section 607.0505, Fl	authorized by the corp lorida Statutes.	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOT	IE: Registered Agent signature	72	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	TATANISH, JAMES	DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	18400 BACK BEACH RD		1.2 NAME 1.3 STREET ADDRESS	530 Skyvicy Drive.	
CITY-ST-ZIP	PANAMA CITY BEACH FL		1.4 CITY-SI-ZIP	Condition City Proce	11 3210g
TITLE	378841111 0111 02101112	☐ DELETE	2.1 TITLE	Mikula Mykami	Change Addition
NAME			2.2 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DFLETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		D DELETE	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		E	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	6.4 City - St - Zip		
14. I hereby of indicated	ertify that the information supplied v	vith this filing does not qualify for all annual report is true and acc	or the exemption states	d in Section 119.07(3)(i), Florida Statutes. I further nature shall have the same legal effect as if made	certify that the information under eath: that I am an

14. Thereby 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 of the original 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 of the original statutes.
Block 12 or Block 13 if changed, or on in all as ment with an address.

CICHATURE

Tomas Totomis

4123108 18501235-003