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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

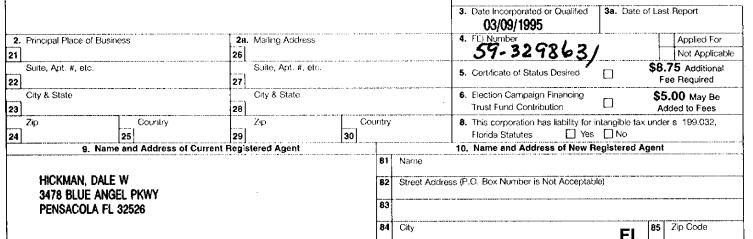
DOCUMENT # P95000019193 (8)

DALE'S MARINE CONSTRUCTION, INC.

Principal Place of Business Mailing

3478 BLUE ANGEL PKWY PENSACOLA FL 32526 Mailing Address

3478 BLUE ANGEL PKWY PENSACOLA FL 32526



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 trib if anyscrable (NOTE: Registered Agent signature required when rehistating) DATE							
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DPST	DELETE	1 1 TITLE	D P		Change	Addition
NAME	HICKMAN, DALE W		1.2 NAME				
STREET ADDRESS	3367 SILKWOOD LN		1.3 STREET ADDRESS				
CITY-ST-ZIP	PACE FL 32571		1.4 City-St-7iP				
TITLE		DELETE	2. 1 71) LE	ST_		Change	Addition
NAME			2.2 NAME	LORI DENI	se hickman		•
STREET ADDRESS			2.3 STREET ADDRESS	3367 SILK	MOOD TW		
CITY-SY-ZIP			2.4 CITY - ST - ZIP	PACE, FL	SE HICKMAN WOOD LN 3257/		
TITLE		DELETE	3 1 TITLE	V		Change	Addition
NAME			3.2 NAME	JOHN LOFTIS	EW AVE: APT FL 32526	-0	
STREET ADDRESS			3.3. STREET ADDRESS	4618 BELLVI	OW AVET ANT	0	
CITY-ST-ZIP			3.4 C/TY - ST - ZIP	PENGACOLA	FL 32526		
TITLE		DELFIE	4.1 TITLE			Change	Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CHY-ST-ZIP	_,,,,,_			
TALE		, DELETE	5 1 TITLE			Change	Addition
NAME			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			6.4 CITY-ST-ZIP				

14. I do horeby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 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 chapted or or an attachment with an address.

SIGNATURE

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

122/96 (904)455-485

CR2E034 (12/95)