

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90041 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000019221		
1. Corporation Name HVIDE MARINE TOWING SERVICES, INC.		



Principal Place of Business 2200 ELLER DRIVE, BLDG. 27 P.O. BOX 13038, PT EVERGLADES STATION FT LAUDERDALE FL 33316	Mailing Address 2200 ELLER DRIVE, BLDG. 27 P.O. BOX 13038, PT EVERGLADES STATION FT LAUDERDALE FL 33316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 02/27/1998	4. FEI Number 76-0565247	Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		6. Election Campaign Financing ☐		
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No				

9. Name and Address of Current Registered Agent DOUGLAS, GENE 2200 ELLER DRIVE, BLDG. 27 P.O. BOX 13038, PT EVERGLADES STATION FT LAUDERDALE FL 33316		10. Name and Address of New Registered Agent 81 Name ROBERT B. LAMM 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 of the person accepting the office of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D ☐ DELETE NAME HVIDE, J E STREET ADDRESS 2200 ELLER DRIVE BLDG. 27 CITY-STATE-ZIP FT LAUDERDALE FL 33316	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		
TITLE D ☐ DELETE NAME BLANKLEY, JOHN H STREET ADDRESS 2200 ELLER DRIVE BLDG. 27 CITY-STATE-ZIP FT LAUDERDALE FL 33316	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		
TITLE D ☐ DELETE NAME SWEENEY, EUGENE F STREET ADDRESS 2200 ELLER DRIVE BLDG. 27 CITY-STATE-ZIP FT LAUDERDALE FL 33316	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		
TITLE SECRETARY ☐ DELETE NAME ROBERT B. LAMM STREET ADDRESS 2200 ELLER DRIVE BLDG. 27 CITY-STATE-ZIP FT LAUDERDALE, FL 33316	4.1 TITLE ☐ Change ☒ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Daytime Phone #

CR2E034 (1/98)