

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 447632

**Entity Name:** CAPE MARINE SERVICES, INC.**Current Principal Place of Business:**800 SCALLOP DRIVE  
CAPE CANAVERAL, FL 32920**Current Mailing Address:**800 SCALLOP DRIVE  
CAPE CANAVERAL, FL 32920**FEI Number:** 59-1517190**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEAMAN BURK, KAREN ROSE  
5120 FLORIDA PALM AVE  
COCOA, FL 32927 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** KAREN ROSE SEAMAN BURK

04/03/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DT
Name	SEAMAN, ROSE
Address	4340 N TROPICAL TRAIL
City-State-Zip:	MERRITT ISLAND FL 32953

Title	D
Name	PARKER, WILLIAM
Address	450 CARRIOCA CT
City-State-Zip:	MERRITT ISLAND FL 32952

Title	D
Name	PARKER, LOUISE C
Address	450 CARRIOCA COURT
City-State-Zip:	MERRITT ISLAND FL 32952

Title	DP
Name	SEAMAN, GERALD
Address	4340 N TROPICAL TRAIL
City-State-Zip:	MERRITT ISLAND FL 32953

Title	DS
Name	SEAMAN BURK, KAREN R
Address	5120 FLORIDA PALM AVE
City-State-Zip:	COCOA FL 32927

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN SEAMAN BURK**SECRETARY**

04/03/2020

Electronic Signature of Signing Officer/Director Detail

Date