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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

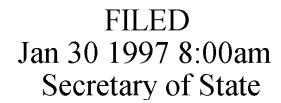
DOCUMENT # 280879

(8)

ATLANTIC MARINE, INC.

Principal Place of Business

Mailing Address





8500 HECKSCHER DR FORT GEORGE ISLAND FL 32226	8500 HECKSCHER DR FORT GEORGE ISLAND I	FL 32228-2434						
				·			e of Last Report 17/1996	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number			plied For	
21	26						t Applicable	
Suite, Apt #, etc 22	Suite, Apt. #, etc.	27		6. Certificate of Status Desired Fee Required				
City & State 23	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees	
Zip Country 24 25	Ζιρ 29	Country 30	·		Yes 🗶 N	Vo.	. 199.032,	
9. Name and Address of Cu	rrent Registered Agent		T 11	10. Name and Address of New Re	gistered Age	ent		
woods, david f		61	Name					
8500 HECKSCHER DR Jacksonville FL 32228				ress (P.O. Box Number is Not Acceptab	ole)			
		83					!	
		84	City		FL.	35 Zip	Code	
agent. I am familiar with, and accept the o SIGNATURE Signature, typed or peoled name of registre	d agent and line if applicable INO	TE Registered Age		ired when reinstating)	DATE		90 111 10	
	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
PD POUEDRY FOWARD D	T DEFEIR	1.1 TITLE			L	Change		
NAME DOHERTY, EDWARD P STREEL ADDRESS 4105 VENETIA BLVD		1.2 NAME 1.3 STREET	ANNORGE					
CRY-SI ZIP JACKSONVILLE, FL 00000		1.4 CITY-5	ì					
TITLE D	DELETE					Change	Addition	
NAME SELLERS JR, DANIEL C		2.2 NAME						
STREET ADDRESS 2617 CHARLOTTE OAKS (DR.	2.3 STREET	ADDRESS					
C(TY-ST-ZIP MOBILE AL	DELETE	2. 4 CITY-	ST-ZIP			Change	Addition	
NAME WOODS, DAVID F.	ביי טבנבוג	3.1 TITLE 3.2 NAME			<u></u>	Change i	L Muuliidii	
STREET ADDRESS 184 RIVER OAKS DR.			T ADORESS					
CITY-ST-ZIP FERNANDINA BCH FL 320		3.4 CITY-						
TITLE V	DELETE 4.					Change	Addition	
MAME ASBURY, MARK C	_	4 2 NAME	-					
STREET ADDRESS 12652 SHOAL CREEK LAN	IE		ADDRESS					
TITLE JACKSONVILLE FL 32225	DELETE	4.4 City-5 5.1 Title	ST-ZIP			Change	Addition	
NAME	L. Dettell	52 NAME	1		لبا	, waango		
STREEL ADDRESS			r address					
City-St-72		5.4 CiTY - 9						
DILE	DELETE	6.1 THTLE				Change	Add:tion	
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET	T ADDRESS					
CHTY+ST+7iP		6.4 CITY - 3	ST-ZIP					

14. I do hereby 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 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.