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FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 280879 (8)  
1. Corporation Name  
ATLANTIC MARINE, INC.

Principal Place of Business  
8500 HECKSCHER DR  
FORT GEORGE ISLAND FL 32226

Mailing Address  
8500 HECKSCHER DR  
FORT GEORGE ISLAND FL 32226



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1964	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State
27 Zip	28 Country	29 Suite, Apt. #, etc.	30 City & State	31 Zip	32 Country
9. Name and Address of Current Registered Agent WOODS, DAVID F 8500 HECKSCHER DR JACKSONVILLE FL 32226				10. Name and Address of New Registered Agent 81 Name Byron N. Thompson, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 8500 Heckscher Drive 83 84 City Jacksonville FL 85 Zip Code 32226	
11. Pursuant to the provisions of Sections 607.1502 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 provisions of Section 607.1505, Florida Statutes.					

SIGNATURE *[Signature]* DATE 4/15/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	ST
NAME	DOHERTY, EDWARD P	1.2 NAME	Byron N. Thompson, Jr.
STREET ADDRESS	4105 VENETIA BLVD	1.3 STREET ADDRESS	1200 San Amaro Road
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D	2.1 TITLE	
NAME	SELLERS JR, DANIEL C	2.2 NAME	
STREET ADDRESS	2617 CHARLOTTE OAKS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	
NAME	WOODS, DAVID F.	3.2 NAME	
STREET ADDRESS	184 RIVER OAKS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	ASBURY, MARK C	4.2 NAME	
STREET ADDRESS	12652 SHOAL CREEK LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 my address.

SIGNATURE: *[Signature]* DATE 4/15/98 904-251-1512

CR2E034 (10/97)