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

FILED Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B, Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name 304366 (8) TAD'S MARINE SERVICE, INC. Principal Place of Business Mailing Address 1510 SE 46TH ST 1510 SE 46TH ST CAPE CORAL FL 33904 CAPE CORAL FL 33904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/20/1966 2a. Mailing Address 2, Principal Place of Business FEI Number Applied For 200 Place 4935 S.W. <u>s.w</u> Not Applicable 59-1119601 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution  $\Box$ Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 14 25 U.S.A. 29 33914 9. Name and Address of Current Registered Agent 45A 24 30 Personal Property Tax due June 30. Yes 10, Name and Address of New Registered Agent 81 Name NOBBE, MORRIS O III 4935 S.W. 2ND PLACE 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33914 83 84 City Zip Code 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 and little if applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE PD 1.1 TITLE NAME NOBBE, MORRIS III 1.2 NAME CR2E034 4935 SW 2ND PLACE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NOBBE, MARGO NAME 2.2 NAME 4935 SW 2ND PLACE STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL 2. 4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

941-542-4343

Change

\_\_\_ Addition