

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 375522 (0)

1. Corporation Name

SOUTHCENTRAL MARINE SERVICE, INC.

Principal Place of Business

**334 E DUVAL ST
JACKSONVILLE FL 32202**

Mailing Address

**334 E DUVAL ST
JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1971

3a. Date of Last Report

04/21/1994

4. FEI Number

59-1359097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SLOTT, ARNOLD H.
334 E DUVAL ST
JACKSONVILLE FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature (typed or printed name of registered agent and the filer).

Typed (Typed agent signature required when mandating)

(All)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SLOTT, J SHERWOOD
STREET ADDRESS	1726 E. CHURCH ST.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	VD
NAME	HADJESOGLOW, SPEROS
STREET ADDRESS	1726 E. CHURCH ST.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	SD
NAME	SLOTT, ARNOLD H. (ASST)
STREET ADDRESS	1726 E. CHURCH ST.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	STD
NAME	SLOTT, MORRIS M.
STREET ADDRESS	1726 E. CHURCH ST.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	DELETE
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), 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 1907, Florida Statutes, and that my name appears in Block 12, 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J SHERWOOD SLOTT

Date

4/27/95

(Typed Name)

904 358 2792