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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

492347 DOCUMENT # 1. Corporation Name

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SOUTH SEAS UTILITY COMPANY

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13391 MCGREGOR BLVD. SW 1		=	Mailing Address 13391 MCGREGOR BLVD. SW FT MYERS FL 33919-5934				
					3. Date Incorporated or Qualified 12/10/1975	3a. Date of 05/0	Last Report 1/1995
Principal Place of Business 2a. Mailing Address					4. FEI Number	.1	Applied For
21		26			59-1651865		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional
22		27					Fee Required
City & State		City & State			6. Election Campaign Financing	П	\$5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Ζφ ===	Country	Zip	Countr	У	8. This corporation has liability for in Florida Statutes Yes		nder s. 199.032
<u>بر 24</u>	9. Name and Address of Curren	29	30		10. Name and Address of New R		ent
	y, Name and Address of Curren	it fiegistered Agent	81	1 Name	to. Name and Addition of House	ogistoros rigi	
MARINE	R GROUP, INC.			1			
	INIVERSITY DR.		82	2 Street Ad	dress (P.O. Box Number is Not Acceptab	Box Number is Not Acceptable)	
SUITE 3			8:	3			
	RS FL 33919			1			
. ,			84	4 City		FL	85 Zip Code
or register	to the provisions of Sections 607.0502 red agent, or both, in the State of Florio th, and accept the obligations of, Sect	da. Such change was author:	zed by the cor	-named corp poration's bo	oration submits this statement for the pur pard of directors. I hereby accept the appo	pose or changi pintment as reg	ing its registered onic gistered agent. Lam
SIGNATURE							
	Signature: typed or printed harval of registered against			end signalure requi		5611	DEGTODO N. 10
12.	Signature: speed or profest hand, of registered agost OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DI	
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certly that the information indicated on this arritide report is supplemental arritide the and according that my signature shall have the same legal effect as it made under our trial terms of the receiver of the terms are enjoyed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR