ANNU	PROFIT RPORATION JAL REPORT <b>1997</b>	ING FEE AFTE	FLORIDA DEPAF Sandra B Secreta	RTMENT OF STATE . Mortham ry of State CORPORATIONS	Mar 12 1	LED 1997 8:0 ary of S	
	MENT # 6 MARINE SERVIC	<b>66341</b> E, INC:	(3)				
Principal Place C/O JERRY W. 520 OHIO AVE LYNN HAVEN I	. gerde. ESO. Nue	C/O 520	ing Address ) JERRY W. GERDE. E OHIO AVENUE IN HAVEN FL 32444-17		1 10111 0110 1111 0100 1111 01001 110     3. Date Incorporated or Qualified     04/08/1980	36. Date of Last R 04/29/1996	
·	lace of Business		Mailing Address		4. FEI Number	Ap	plied For
21 Suite, Apt	#,€l:	26	Suite, Apt. #, etc.		59-1992889	\$8.75 /	ot Applicable
22 City & State	· · · · · · · · · · ·	27	City & State		5. Certificate of Status Desired	Fee Re	
23		28			<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	\$5.00	
Ζφ 24	Coan 25	try 2 29	Zip	Country 30	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	intangible tax under s. Yes 🛄 No	. 199.032,
<u> </u>	and a set of the set of the second set of the	ress of Current Registe	ered Agent	•	10. Name and Address of New Re		
	BENS, M L			81 Name			
	OHIO AVENUE IN HAVEN FL 32444	ŧ		82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)	
		•		83		<u>,, ,,</u> ,, ,, ,,	
				84 City		FL 85 Zip (	Code
alling on the			/ 1508. Fiorida Statut	es, the above-named co	rporation submits this statement for the r	purpose of changing it	s registered
SIGNATURE	Source of the constant of the	th in the State of Florida scept the obligations of, the obligations of the obligations of the obligations of the obligation of the obliga	a. Such change was a Section 607.0505, Flu applicable (NOT	authorized by the corpor orida Statutes. E: Registered Agent signature req		pt the appointment as	registered
	Source of the constant of the	th in the State of Florida scept the obligations of, t	a. Such change was a Section 607.0505, Flu applicable (NOT	authorized by the corpor orida Statutes.	ation's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE 12. THE NAME	PD GIBBENS, M. L.	th in the State of Florida scept the obligations of, the obligations of the obligations of the obligations of the obligation of the obliga	a. Such change was a Section 607.0505, Fla applicable (NOT	authorized by the corpora orida Statutes. E: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR	IN 12
SIGNATURE 12. 1014 NAME SIRELADERESS	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the obligations of the obligations of the obligations of the obligation of the obliga	a. Such change was a Section 607.0505, Fla applicable (NOT	authorized by the corpora orida Statutes. E: Ringistered Agent signalure req 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR	IN 12
SIGNATURE 12. THE NAME	PD GIBBENS, M. L.	th in the State of Florida scept the obligations of, the obligations of the obligations of the obligations of the obligation of the obliga	a. Such change was a Section 607.0505, Fla applicable (NOT	authorized by the corpora orida Statutes. E: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR	registered RS IN 12
SIGNATURE 12. 1014 NAME SPRELADURESS CITY ST 70 1013 NAME NAME	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the obligations of the obligations of the obligations of the obligation of the obliga	a Such change was a Section 607.0505, Flu applicable (NOT ORS	authorized by the corpora orida Statutes. E: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR CRASE	RS IN 12
SIGNATURE 12. 1017 NAME SIREFLADORESS CITY SLEZE 0110 NAME SIREFLADORESS	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the obligations of the obligations of the obligations of the obligation of the obliga	a Such change was a Section 607.0505, Flu applicable (NOT ORS	authorized by the corpora orida Statutes. E: Ringistered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR CRASE	RS IN 12
SIGNATURE 12. 1017 NAME STREELADORESS COLVEST 700 0017 NEWE	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the obligations of the obligations of the obligations of the obligation of the obliga	a Such change was a Section 607.0505, Flu applicable (NOT ORS	authorized by the corpora orida Statutes. E: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR CRASE	RS IN 12
SIGNATURE 12. 1017 NAME SUBFLADDRESS COTY SL 200 000 SUBELADDRESS COTY SL 200 011 SIBELADDRESS COTY SL 200 011 SL 200 011 SL 200 010 SL 200 010 SL 200 010 SL 200 010 SL 200 010 SL 200 010 SL 200 SL 200	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the obligations of the obligations of the obligations of the obligation of the obliga	a. Such change was a Section 607.0505, Fla applicable (NOT C)RS DELETE DELETE DELETE	authorized by the corpora orida Statutes. E: Registered Agent signature regentsignature registered Agent signature registered Age	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR CRAS AND DIRECTOR Change	Registered
SIGNATURE 12. 1014 NAME SPRETADDRESS COVESTION NAME SIREE ADDRESS COVESTION 1015 NAME SIREE ADDRESS	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the obligations of the obligations of the obligations of the obligation of the obliga	a. Such change was a Section 607.0505, Fla applicable (NOT C)RS DELETE DELETE DELETE	authorized by the corpora prida Statutes. E: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR CRAS AND DIRECTOR Change	Registered
SIGNATURE 12. 1017 NAME SUBFLADDRESS COVEST ZIP 1010 NAME SIBELADDRESS COVEST ZIP 1011 NAME	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the obligations of the obligations of the obligations of the obligation of the obliga	a. Such change was a Section 607.0505, Fla applicable (NOT C)RS DELETE DELETE DELETE	authorized by the corpora orida Statutes. E: Registered Agent signature regentsignature registered Agent signature registered Age	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR CRAS AND DIRECTOR Change	Registered
SIGNATURE 12. 10.4 NAME SPREEADDRESS CEVEST ZIP 01.1 NAME SIRREEADDRESS CEVEST ZIP 11.1 SOREEADDRESS CEVEST ZIP 11.1 NAME	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the obligations of the obligations of the obligations of the obligation of the obliga	Such change was a Section 607.0505, Fla apple able (NOT ORS DELETE DELETE DELETE DELETE	authorized by the corpora orida Statutes. E: Ringistered Agent signalure req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOF Change	RS IN 12 Addition
SIGNATURE 12. THE NAME SPREEADORESS COVEST ZUE UNE SIREE ADORESS COVEST ZUE UNE NAME SORET ADORESS COVEST ZUE UNE NAME SORET ADORESS COVEST ZUE NAME STREET ADORESS	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the obligations of the obligations of the obligations of the obligation of the obliga	Such change was a Section 607.0505, Fla apple able (NOT ORS DELETE DELETE DELETE DELETE	authorized by the corpora orida Statutes. E: Ringistered Agent signalure req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOF Change	RS IN 12 Addition
SIGNATURE 12. 10.4 NAME SPREEADDRESS CEVEST ZIP 01.1 NAME SIRREEADDRESS CEVEST ZIP 11.1 SOREEADDRESS CEVEST ZIP 11.1 NAME	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the end agent and the floridation of the end agent and the floridation of the floridation of the floridation of the end of	Such change was a Section 607.0505, Fla apple able (NOT ORS DELETE DELETE DELETE DELETE	authorized by the corpora orida Statutes. E: Ringistered Agent signalure req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOF Change	RS IN 12 Addition
SIGNATURE 12. THE NAME SPEELADORESS COVEST ZUE UNE NAME SIREE ADORESS COVEST ZUE UNE NAME SORELADORESS COVEST ZUE UNE NAME SIREE ADORESS COVEST ZUE NAME SIREE ADORESS COVEST ZUE	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the end agent and the floridation of the end agent and the floridation of the floridation of the floridation of the end of	Such change was a Section 607.0505, Flu application 607.0505, Flu application (NOT ORS DELETE DELETE DELETE DELETE DELETE DELETE	authorized by the corpora orida Statutes. E: Registered Agent signalure req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR CRASE Change Change	registered IS IN 12 Addition Addition Addition Addition
SIGNATURE 12. 1012 NAME SPEELADDRESS CIV-SE-ZP 0102 NAME SIREE ADDRESS CIV-SE-ZP 1010 NAME SIREE ADDRESS CIV-SE-ZP 1011 NAME SIREE ADDRESS CIV-SE-ZP 1014 SIREE ADDRESS CIV-SE-ZP	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the end agent and the floridation of the end agent and the floridation of the floridation of the floridation of the end of	Such change was a Section 607.0505, Flu application 607.0505, Flu application (NOT ORS DELETE DELETE DELETE DELETE DELETE DELETE	authorized by the corpora orida Statutes. E: Registered Agent signalure req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR CRASE Change Change	registered IS IN 12 Addition Addition Addition Addition
SIGNATURE 12. THP NAME SIRELADORESS CHY SI ZP HILE NAME SIRELADDRESS CHY SI ZP HILE NAME SIRELADDRESS CHY SI ZP TITE NAME SIRELADDRESS CHY SI ZP TITE NAME	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the end agent and the floridation of the end agent and the floridation of the floridation of the floridation of the end of	Such change was a Section 607.0505, Flu application 607.0505, Flu application (NOT ORS DELETE DELETE DELETE DELETE DELETE DELETE	authorized by the corpora orida Statutes. E: Registered Agent signalure req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ation's board of directors. I hereby acce	DATE CERS AND DIRECTOR CRASE Change Change	registered IS IN 12 Addition Addition Addition Addition
SIGNATURE 12. 14. NAME SUBFLADDRESS COVEST ZIP 000 NAME SIBELADDRESS COVEST ZIP 100 NAME SIBELADDRESS COVEST ZIP 100 COVEST ZIP 100 COVEST ZIP 100 COVEST ZIP	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the end agent and the floridation of the end agent and the floridation of the floridation of the floridation of the end of	Such change was a Section 607.0505, Flu  applicable (NOT CORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	authorized by the corpora orida Statutes. E: Registered Agent signalure req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ation's board of directors. I hereby acce	pt the appointment as  DATE CERS AND DIRECTOF Change Change Change Change Change Change	registered  IS IN 12 Addition Addition Addition Addition Addition Addition
SIGNATURE 12. 1017 NAME SUBELADDRESS COVEST ZIP 000 NAME SIBELADDRESS COVEST ZIP 1010 NAME SIBELADDRESS COVEST ZIP 1010 NAME SIBELADDRESS COVEST ZIP 1010 NAME SIBELADDRESS COVEST ZIP 1010 NAME SIBELADDRESS COVEST ZIP 1010	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the end agent and the floridation of the end agent and the floridation of the floridation of the floridation of the end of	Such change was a Section 607.0505, Flu  applicable (NOT CORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	authorized by the corpora orida Statutes. E: Registered Agent signalure req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ation's board of directors. I hereby acce	pt the appointment as  DATE CERS AND DIRECTOF Change Change Change Change Change Change	registered  IS IN 12 Addition Addition Addition Addition Addition Addition
SIGNATURE 12. 1014 NAME SUBFLADDRESS GAVESLADDRESS GAVESLADDRESS GAVESLADDRESS GAVESLADDRESS GAVESLADDRESS GAVESLADDRESS CAVESLADR	PD GIBBENS, M. L. 520 OHIO AVE.	th in the State of Florida scept the obligations of, the end agent and the floridation of the end agent and the floridation of the floridation of the floridation of the end of	Such change was a Section 607.0505, Flu  applicable (NOT CORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	authorized by the corpora orida Statutes. E: Registered Agent signature registered 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME	ation's board of directors. I hereby acce	pt the appointment as  DATE CERS AND DIRECTOF Change Change Change Change Change Change	registered  S IN 12  Addition  Addition  Addition  Addition  Addition