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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **832072** **(3)**

1. Corporation Name
TIDEWATER COMPANIES, INC.

Principal Place of Business	Mailing Address
1810 FREDERICA ROAD ST SIMONS ISLAND GA 31522	P.O. BOX 1116 BRUNSWICK GA 31521 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/28/1974
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 58-1105370 ☐ 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

9. Name and Address of Current Registered Agent

BROOKS, PAUL, E
HWY 301 SOUTH
STARKE 32091

10. Name and Address of New Registered Agent

81 Name: J. Ben Reavis
82 Street Address (P.O. Box Number is Not Acceptable): Highway 301 South
83
84 City: Starke FL 85 Zip Code: 32091

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: J. Ben Reavis — J. Ben Reavis — April 10, 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	11 TITLE	DP	☒ Change ☐ Addition
NAME	MORGAN, GILLIS T III	12 NAME		
STREET ADDRESS	1810 FREDERICA ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	ST. SIMONS ISLAND GA	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE	DC	☒ Change ☐ Addition
NAME	TROWBRIDGE JR, K S	22 NAME		
STREET ADDRESS	1810 FREDERICA ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	ST. SIMONS ISLAND GA	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MILES, ROBERT D	32 NAME		
STREET ADDRESS	1810 FREDERICA ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	ST. SIMONS ISLAND GA	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	VT	☒ Change ☐ Addition
NAME	TERRY, EARL, C., JR	42 NAME		
STREET ADDRESS	1810 FREDERICA RD	43 STREET ADDRESS		
CITY-ST-ZIP	ST SIMONS ISLAND GA	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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.

SIGNATURE: Earl C. Terry, Jr., CPA, Vice President (912) 638-7726
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

4-7-95

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