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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F13660 1. Corporation Name

FILED Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90045 015 ***150.00

LANGLOIS MARINE SERVICE, INCORPORATED						
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Principal Place of Business Mailing Address						
301 NE RIVER DR DEFREIELD RCH FL 33441 DEFREIELD BCH FL 33441						
DEERFIELD BCH FL 33441 DEERFIELD BCH FL 33441					DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualifed	
		<u> </u>			01/06/1981	
	lace of Business	2a. Mailing Address		11/ 6	4. FEI Number	Applied For
21 26 92/5 E			<u>(</u> -0.	bbler Di	59-2058600	Not Applicable \$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Required
22 27 City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	.	28 Floral	CITI	1. F/	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Соцплу		8. This corporation owes the current ye	
24	25	29 34436 3	o <i>C</i>	17745		Yes No
	9. Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Regist	ered Agent
LANGUAGO APPALIBISE E				Name		
LANGLOIS, GERALDINE E			82 Street Addr		ess (P.O. Box Number is Not Acceptable)	
508 NE 6TH AVENUE DEERFIELD BEACH FL 33441			-			
DEE	MIELD DEACH I'L 33441		83	1		
	·		84	City	-	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				e-named com	oration submits this statement for the purrie	se of changing its registered
l office or r	agistored agent or both in the State	of Florida. Such channe was auti	norizea ov	the comparation	on's board of directors. I hereby accept the	appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	ia Statutes	3 .		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Age	nt signature required	d when reinstating) DA	ATE.
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	P	☐ DELETE	1.1 TITLE			hange Addition
NAME	LANGLOIS, GERALDINE E		1.2 NAME			/ ^-
STREET ADDRESS	508 NE 6TH AVENUE		1.3 STREE	TADORESS	9215 E Gobb. Floral City	ier pr
CITY-ST-ZIP	DEERFIELD BCH FL			T-ZIP	Floral City	1/ 39736
TITLE		☐ DELETE	2.1 TITLE	-	/	☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS	~			TADDRESS		
CITY-ST-ZIP			2.4 CITY-1	ST-ZIP		☐ Change ☐ Addition
TITLE			3.1 TITLE			
NAME			3.2 NAME	T 4000000		
STREET ADDRESS			1	T ADDRESS		}
CITY-ST-ZIP			3.4. CITY-1	91-ZIP		☐ Change ☐ Addition
NAME		_ >	4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	i		
TITLE			5.1 TITLE			- ☐ Change ☐ Addition
NAME	· · · · · · · · · · · · · · · · · · ·		5.2 NAME	1		
STREET ADDRESS			5.3 STREE	TADORESS		
CITY-ST-ZIP	5.4		5.4 CITY- 8	ST-ZIP		·
TITLE		☐ DELETE 6.				☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADDRESS		
CITY-ST-7IP			6.4 CITY-5	ST-ZIP		}

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, with all other like empowered.