

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90012 033 ***158.75

DOCUMENT # **F13688**

1. Corporation Name
OFFSHORE SHIPBUILDING, INC.

Principal Place of Business

STOKES LANDING ROAD, ROUTE 3
P.O. BOX 4785
PALATKA FL 32177

Mailing Address

STOKES LANDING ROAD, ROUTE 3
P.O. BOX 4785
PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1981

4. FEI Number

59-2084070

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.



Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 2666

23 City & State

24 Zip 25 Country

27 City & State

28 Houma, LA

29 Zip 30 Country

70361

USA

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCALLISTER, BRIAN A.	
STREET ADDRESS	17 BATTERY PLACE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHAN, LAWRENCE	
STREET ADDRESS	17 BATTERY PLACE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KALLOP, WILLIAM M.	
STREET ADDRESS	17 BATTERY PLACE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REILLY, BEVERLY F.	
STREET ADDRESS	17 BATTERY PLACE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP/S
2.3 STREET ADDRESS	Chan, Lawrence
2.4 CITY-ST-ZIP	P. O. Box 2666 Houma, LA 70361
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	Kallop, William M.
3.4 CITY-ST-ZIP	P. O. Box 2666 Houma, LA 70361
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EVP
5.3 STREET ADDRESS	Belanger, Harlan F.
5.4 CITY-ST-ZIP	P. O. Box 2666 Houma, LA 70361
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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.

SIGNATURE:

SIGNATURE REQUIRED
H.F. Belanger

3/24/99

Date

(504) 868-5950

Daytime Phone #

CR2E034 (11/98)