

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # F40897 (3)
1. Corporation Name
CONTINENTAL MARINE CONSULTANTS, INC.

Principal Place of Business 408 N US 1 PO BOX 14915 N PALM BCH FL 33408	Mailing Address 418 N US 1 PO BOX 14915 N PALM BCH FL 33408
---	---

APPROVED
AND
FILED

95 MAY -1 AM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1981	3a. Date of Last Report 03/17/1994
21	22	26	27	4. FEI Number 59-2150004	Applied For Not Applicable
23		28		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☒ No	

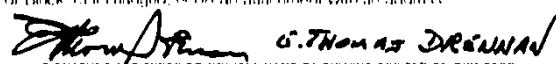
9. Name and Address of Current Registered Agent DRENNAN, E THOMAS 313 LAKE CIR #109 PALM BCH GRDNS. FL 33408		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City, State, Zip Code	
		FL	

11. Pursuant to the provisions of Sections 607.011, 607.012, and 607.013, 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 the new registered office and agent.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
	DRENNAN, E THOMAS		
STREET ADDRESS	313 LAKE CIR #109		
CITY, ST, ZIP	NORTH PALM BCH FL		
TITLE	NAME		
STREET ADDRESS			
CITY, ST, ZIP			
TITLE	NAME		
STREET ADDRESS			
CITY, ST, ZIP			
TITLE	NAME		
STREET ADDRESS			
CITY, ST, ZIP			
TITLE	NAME		
STREET ADDRESS			
CITY, ST, ZIP			
TITLE	NAME		
STREET ADDRESS			
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 Sections 199.03(7)(a)(i) Florida Statutes. I further certify that the information included in the 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE:  **E. THOMAS DRENNAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95