

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000005458 (3)**

1. Corporation Name

GULF AND ATLANTIC MARITIME SERVICES, INC.



Principal Place of Business

Mailing Address

99 WOOD AVE., S.
ISELIN NJ 08830

99 WOOD AVE., S.
ISELIN NJ 08830

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/07/1995

3a. Date of Last Report

4. FEI Number

13-3451774

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

10. Name and Address of New Registered Agent

81 Name

John Pardo

82 Street Address (P.O. Box Number is Not Acceptable)

3625 NW 82ND AVE # 307

83

84 City

MIAMI

FL

85 Zip Code

33166

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

John Pardo

Signature of registered agent or printed name of registered agent, and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

3/8/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **MCCAHILL, BRENDAN**
STREET ADDRESS **99 WOOD AVE., S.**
CITY-STATE-ZIP **ISELIN NJ**

TITLE ☐ DELETE

NAME **DAUN, STELLAN**
STREET ADDRESS **99 WOOD AVE., S.**
CITY-STATE-ZIP **ISELIN NJ**

TITLE ☐ DELETE

NAME **GODETTE, ANN**
STREET ADDRESS **99 WOOD AVE., S.**
CITY-STATE-ZIP **ISELIN NJ**

TITLE ☐ DELETE

NAME **JONES, RUSSELL**
STREET ADDRESS **99 WOOD AVE., S.**
CITY-STATE-ZIP **ISELIN NJ**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

100001746021

-03/16/96--01001--014

***200.00

Director
Graham Peirce
99 Wood Ave S.
Iselin, NJ 08830

Vice President
David Temple
99 Wood Avenue South
Iselin, NJ 08830

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)(k), 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:

RH Jones
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell H. Jones

3/8/96 908-321-1321

Date

Daytime Phone #

CR2E034 (12/95)