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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004554 (9)

SERVICE OFFSHORE PAINTING, INC.

FILED Jan 31 1997 8:00am Secretary of State

Principal Place of Business		Mailing Address				n kaminam alka kakin manin manin makin	OBINI BENI DIDDI DI	(O) OHIE DE	VI IRDI	
1670 E. CARDIN		1670 E. CARDINA								
BEAUMONT TX	77705	BEAUMONT TX 7	7705-6623							
						3. Date Incorporated or Qualified 09/05/1996	3a. Date of	Last Rep	ort	7
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	-1	App	lied For	٦.
21		26				76-0280433	76-0280433 Not Applic			7
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Ad		٦
22		27				6. Certificate of Status Desires	<u> </u>	Fee Req	uired	4
City & State	9	City & State				6. Election Campaign Financing		5.00 M		ı
23		28				Trust Fund Contribution		dded to		4
Zip	Country	Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24	9. Name and Address of Curren	29	30			Florida Statutes 10. Name and Address of New Re				4
		it nogistorou ngont		81	Name	10, Italia dia Address of Italia	giotoleo Agon			\dashv
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD										
	NTATION FL 33324		82			dress (P.O. Box Number is Not Acceptab	ile)			1
PLAI	NIATION FL 33324									\dashv
				83						
				84	City		FL 85	Zip Co	ode .	1
11, Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Flori	da Statutes, th	ne above	-named co	proporation submits this statement for the pration's board of directors. I hereby accept		ging its	registered	\dashv
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such char	ige was autho	rized by	the corpo	ration's board of directors. I hereby accep	ot the appointm	ent as re	gistered	1
	m laminar with and accept the obligi	ations of, Section Con.	0000, 1 10110a	Otatulas).					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	(NOTE: Regi	istered Age	nt signature re	quired when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	CTORS	IN 12]{
TITLE	Р	□ Di	LETE	1.3 TITLE	1		c	hange	Addition	١
NAME			1.2 NAME						18	
STREET ADDRESS 7305 UP RIVER ROAD			1.3 STREET ADDRESS		ADORESS					ľ
C:TY - ST - ZIP	CORPUS CHRISTI TX 78409	······································		1.4 CITY-S	T-ZIP				·	٤ 🖺
TITLE	ST ANDY	L_J Di	1	2.1 TITLE	-			nange	☐ Addition	1
NAME	DUCHARME, LARRY			22 NAME						-
STREET ADDRESS	1670 E. CARDINAL DRIVE		1	2 3 STAEET	ſ					
CITY-ST-ZIP				2. 4 CITY - 5	ST - ZIP			hange	Addition	4
TITLE	BROCK, BRAD	L., DI		3.1 TITLE 3.2 NAME				ina i Rû	Part Mondon	
NAME STREET ADDRESS	1670 E. CARDINAL DRIVE			3.2 NAME 3.3 STREET	ADDRESS					1
CITY-ST-ZIP	BEAUMONT TX 77705			3.3 STREET 3.4. CITY-S						
TITLE	D	Di		4.1 TITLE	., .,			hange	Addition	1
NAME	BOURQUEIN, LORIN			4. 2 NAME	}			-		1
STREET ADDRESS	1670 E. CARDINAL DRIVE			4.3 STREET	ADDRESS					
DITY-ST-ZIP	BEAUMONT TX 77705		- 1	4.4 CITY-S						
TITLE	D	DI		5.1 TITLE				hange	□ Addition	
NAME	BROCK, TODD			52 NAME						
STREET ADDRESS	1670 E. CARDINAL DRIVE			5 3 STREET	address					Ţ
CITY-ST-7IP	BEAUMONT TX 77705			5.4 CITY - S	T-ZIP	·				
TITLE		DI	LETE	6.1 TITLE				hange	Addition	
NAME			i i	6.2 NAME	}					١
STREET ADDRESS				6.3 STREET	ADDRESS					
CITY-ST-ZIP			L	6.4 CITY-S	F-ZIP					_

14. I do 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.

SIGNATURE

LACY P. DUCKSONE OF STANING OFFICER OR DIRECTOR

1/9/97 (409) 833-6226