

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
Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90034 006 ****150.00

DOCUMENT # **F98000004213**

1. Corporation Name

DOUBLE EAGLE MARINE, INC.

Principal Place of Business

**08 HANGAR DRIVE
NEW IBERIA LA 70560**

Mailing Address

**608 HANGAR DRIVE
NEW IBERIA LA 70560**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

3. Date Incorporated or Qualified

07/23/1998

4. FEI Number

72-0922794

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
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 ☐ DELETE
NAME **D WEBSTER, STEVEN A**
STREET ADDRESS **901 THREADNEEDLE, STE 200**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ DELETE
NAME **C POURCIAU, WAYNE**
STREET ADDRESS **608 HANGAR DRIVE**
CITY-ST-ZIP **NEW IBERIA LA**

TITLE ☐ DELETE
NAME **V RODNEY, DON P**
STREET ADDRESS **901 THREADNEEDLE, STE 200**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ DELETE
NAME **AS MOSS, LEIGHTON E**
STREET ADDRESS **901 THREADNEEDLE, STE 200**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ DELETE
NAME **S RIORDAN, MARYBETH**
STREET ADDRESS **666 THIRD AVE., 9TH FL**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE
NAME **...**
STREET ADDRESS **...**
CITY-ST-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-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99 318-364-2866

CR2E034 (11/98)