

F9900000 6504

FILED

99 DEC 16 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Requester's Name

Address

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

200003063312--5

-12/07/99--01075--003

\*\*\*\*\*78.75 \*\*\*\*\*78.75

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

F99-6504

W 99-28308

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

855/637/647/671 720

Examiner's Initials

## TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Hornblower Marine Services  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Teresa Amerzahn  
(Name of Person)  
Hornblower Marine Services  
(Firm/Company)  
4410 Ocean Street  
(Address)  
Mayport, FL 32233  
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Teresa Amerzahn at (904) 241-9969 ext. 13.  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 13, 1999

TERESA M. AMEREILIN  
HORNBLLOWER MARINE SERVICES, INC.  
4610 OCEAN STREET  
MAYPORT, FL 32233

SUBJECT: HORNBLLOWER MARINE SERVICES, INC.  
Ref. Number: W99000028308

We have received your document for HORNBLLOWER MARINE SERVICES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

Nanette Causseaux  
Corporate Specialist Supervisor

Letter Number: 699A00058373



**ST. JOHNS RIVER FERRY SERVICE  
ST. JOHNS RIVER FERRY SPECIAL EVENTS**

A PARTNERSHIP THAT WORKS FOR JACKSONVILLE



12/6/99

Enclosed is our package to register  
Hornblower Marine Service in Florida.  
Attached is my business card should  
you need any additional information.  
Please advise of anticipated date  
of completion & issuance of  
certificate.

Thank you

Teresa Conih

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

State of California

County of San Francisco

On Wednesday, December 1, 1999 before me, Lisa Farnsworth

personally appeared Sandra Stuart  
name(s) of Signer(s)

☒ Personally Known To Me

~~Proved to Me on the Basis of Satisfactory Evidence~~

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Lisa Farnsworth

DESCRIPTION OF ATTACHED DOCUMENT

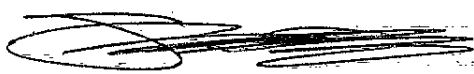
Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

This is to certify that the attached is a true copy of the original certificate.

Please contact me if you need any additional information.



Sandra Stuart, Controller  
Hornblower Marine Services Inc.  
Pier 3  
San Francisco, CA 94111

(415)438-8333

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Homblower Marine Services Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. California 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1986 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. a. Pier 3 San Francisco CA 94111  
(Principal office address)

b. Pier 3 San Francisco CA 94111  
(Current mailing address)

8. \_\_\_\_\_  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Teresa M. Amereih

Office Address: 4610 Ocean Street  
MAYPORT, Florida , Florida 32233  
(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent*

Teresa M. Amereih  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Terry MacRae

Address: Ferryboat Santa Rosa, Pier 3  
San Francisco, CA 94111

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: John Waggoner

Address: Pier 3  
San Francisco CA 94111

Vice President: Gary Seabrook

Address: 4610 Ocean St.  
Mayport, FL 32233

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. TERRY MacRae, CHAIRMAN  
(Typed or printed name and capacity of person signing application)



# State of California

## SECRETARY OF STATE

### CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 16th day of July, 19 86,

HORNBLOWER MARINE SERVICES, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

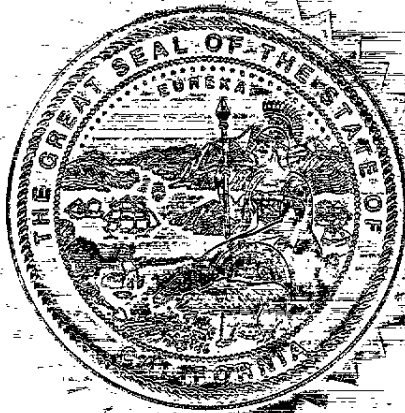
That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

December 14, 1999



*Bill Jones*

Secretary of State

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SECRETARY OF STATE  
SAN FRANCISCO, CALIFORNIA