

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **G25777 (5)**  
1. Corporation Name  
**THOMAS MARINE, INC.**



Principal Place of Business: ~~4201 MYRTLE ST. ST. AUGUSTINE FL 32095 US~~  
Mailing Address: ~~4231 MYRTLE ST. ST. AUGUSTINE FL 32095 US~~

2. Principal Place of Business: 21 **1010 HAGLER DRIVE** Suite, Apt. #, etc. 22  
City & State: 23 **NEPTUNE BEACH, FL** Zip: 24 **32266** Country: 25 **USA**  
2a. Mailing Address: 26 **1010 HAGLER DRIVE** Suite, Apt. #, etc. 27  
City & State: 28 **NEPTUNE BEACH, FL** Zip: 29 **32266** Country: 30 **USA**

3. Date Incorporated or Qualified: **02/24/1983** 3a. Date of Last Report: **05/01/1995**  
4. FET Number: **59-2257999** 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

9. Name and Address of Current Registered Agent: **THOMAS, VAL. P. 4231 MYRTLE ST. ST AUGUSTINE FL 32095**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <del>PVS</del>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <b>PVS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>THOMAS, VAL P.</b>		1.2 NAME: <b>STEPHEN A. MERRILL</b>	
STREET ADDRESS: <del>4231 MYRTLE ST. ST. AUGUSTINE FL</del>		1.3 STREET ADDRESS: <b>1010 HAGLER DRIVE</b>	
CITY-ST-ZIP: <del>ST. AUGUSTINE FL</del>		1.4 CITY-ST-ZIP: <b>NEPTUNE BEACH, FL 32266</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <del>TD</del>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>THOMAS, VAL P.</b>		2.2 NAME: <b>STEPHEN A. MERRILL</b>	
STREET ADDRESS: <del>4231 MYRTLE ST. ST. AUGUSTINE FL</del>		2.3 STREET ADDRESS: <b>1010 HAGLER DRIVE</b>	
CITY-ST-ZIP: <del>ST. AUGUSTINE FL</del>		2.4 CITY-ST-ZIP: <b>NEPTUNE BEACH, FL 32266</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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 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: Stephen A. Merrill DATE: 3/10/96 DAYTIME PHONE #: 904 928 6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)