## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G52250

(9)

T & D MARINE ENTERPRISES, INC.

FILED
Aug 12 1998 8:00am
Secretary of State

							-	<b>                                    </b>	
Principal Place of Business Mailing Address						1 1991(11 925) 51115 11515 11111 5517 51111	Aláit aisi aisi aisi aisi		
% BEBE DANIE			BE DANIEL (TINDAL)						
1029 BAILLIES   HOLIDAY FL 34			1029 BAILLIES BLUFF RD HOLIDAY FL 34691				DO NOT WRITE IN THIS SPACE		
US US							3. Date incorporated or Qualified		
							08/02/1983	:	
2. Principal P	lace of Business	2a. M	2a. Mailing Address				4. FÉI Number	Applied For	
21		26					59-2326078	Not Applicable	
Suite, Apt.	#, etc.	27 Si	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le .	С	City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28					Trust Fund Contribution	Added to Fees	
Zip Country		}-—	Zip Cou				8. This corporation owes or has paid the current year Intangible		
24 25 29				30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
	9. Name and Address of Current Registered Agent								
DANIEL, <b>Be</b> bee D.					81 Name				
	BAILLIES BLUFF RD					Street Address	ss (P.O. Box Number is Not Acceptable)	,	
HOL	JDAY FL 34691		83						
				L	1			-	
					4	City	F		
11. Pursuan office or agent. I		ruf.	res.			the corporation	ation submits this statement for the purpose of n's board of directors. I hereby accept the app	ointment as registered	
12.		S AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PD		DELETE	1.1 TITLE	E			Change Addition	
NAME	(TINDAL), DANIEL B		<del></del>	1.2 NAM	E				
STREET ADDRESS 1029 BAILLIES BLUFF RD				1.3 STREET ADDRESS				,	
CITY-ST-ZIP HOLIDAY FL				1.4 CITY	1.4 CITY-ST-ZIP				
TITLE	ST DELETE			2.1 TiTLI	2.1 TITLE			Change Addition	
NAME	DANIEL, DAVID			2.2 NAM	2.2 NAME			•	
STREET ADDRESS					2.3 STREET ADDRESS			i j	
CITY-ST-ZIP HOLIDAY FL				2.4 CITY	2.4 CITY-ST-ZIP				
TITLE			DELETE	3.1 TITLE	E			Change Addition	
NAME				3.2 NAM	E				
STREET ADDRESS				3.3 STRE	ET/	ADDRESS			
CITY-ST-ZIP				3.4 CITY		ZIP			
TITLE			DELETE	4.1 TITL				Change Addition	
NAME				4.2 NAM		İ			
STREET ADDRESS				4.3 STRE	ET/	ADDRESS			
CITY-ST-ZIP				4.4 CITY		ZIP			
TITLE			DELETE	5.1 TITL				Change Addition	
NAME				5.2 NAM	E	-			
STREET ADDRESS				5.3 STRE	ETA	ADORESS			
CITY-ST-ZIP				5.4 CITY		ZIP			
TITLE			DELETE	6.1 TITL	E			Change Addition	
NAME	1			62 NAM	F	- 1			

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 en an attachment with an address.