

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 # H74931

1. Corporation Name

BANKS BROTHERS MARINE CONTRACTORS, INC.

Principal Place of Business

16360 JOHN MORRIS RD.
FT. MYERS BEACH FL 33908

Mailing Address

16360 JOHN MORRIS RD.
FT. MYERS BEACH FL 33908

3. Date Incorporated or Qualified
09/06/1985

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2788968

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

10. Name and Address of New Registered Agent

PEDERSEN, KJELL
2555 ESTERO BLVD
FT. MYERS BEACH FL 33931

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 of the person who is the registered agent of the corporation

Signature of the registered agent (signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME: P BANKS, STEWART E.
STREET ADDRESS: 16360 JOHN MORRIS RD.
CITY-STATE-ZIP: FT. MYERS BEACH FL
2. TITLE
NAME: V BANKS, J. DARIN
STREET ADDRESS: 16360 JOHN MORRIS RD.
CITY-STATE-ZIP: FT. MYERS BEACH FL
3. TITLE
NAME: ST BANKS, R. DARRELL
STREET ADDRESS: 16360 JOHN MORRIS RD.
CITY-STATE-ZIP: FT. MYERS BEACH FL
4. TITLE
NAME: [] DELETE
STREET ADDRESS:
CITY-STATE-ZIP:
5. TITLE
NAME: [] DELETE
STREET ADDRESS:
CITY-STATE-ZIP:
6. TITLE
NAME: [] DELETE
STREET ADDRESS:
CITY-STATE-ZIP:
7. TITLE
NAME: [] DELETE
STREET ADDRESS:
CITY-STATE-ZIP:

1. TITLE
NAME: [] Change [] Addition
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP
2. TITLE
NAME: [] Change [] Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
3. TITLE
NAME: [] Change [] Addition
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP
4. TITLE
NAME: [] Change [] Addition
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
5. TITLE
NAME: [] Change [] Addition
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP
6. TITLE
NAME: [] Change [] Addition
62. NAME
63. STREET ADDRESS
64. CITY-STATE-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: *R. Donald Bon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29.96
Fees

941-466-1505
Daytime Phone

CR2E034 (12/95)