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Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J49615 (4)
1. Corporation Name
ATLANTIC MARINE HOLDING COMPANY



Principal Place of Business 8500 HECKSCHER DR JACKSONVILLE FL 32226	Mailing Address 8500 HECKSCHER DR JACKSONVILLE FL 32226-2434
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3. Date Incorporated or Qualified 12/29/1986	3a. Date of Last Report 04/28/1986
4. FEI Number 59-2869662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**WOODS, DAVID F
8500 HECKSCHER DR
JACKSONVILLE FL 32226**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GIBBS, GEORGE W., III	
STREET ADDRESS	8500 HECKSCHER DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SELLERS, DANIEL C. JR	
STREET ADDRESS	2817 CHARLOTTE OAKS DR.	
CITY-ST-ZIP	MOBILE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOBRANO, THOMAS S., III	
STREET ADDRESS	2263 ST. JOHNS AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, CRAWFORD L.	
STREET ADDRESS	5225 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, CRAWFORD L. II	
STREET ADDRESS	5225 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOHERTY, EDWARD P.	
STREET ADDRESS	4105 VENETIA BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JONES, THOMAS P., JR
2.3 STREET ADDRESS	1452 SEMINOLE ROAD
2.4 CITY-ST-ZIP	ATLANTIC BEACH, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WOODS, DAVID F.
3.3 STREET ADDRESS	184 RIVER OAKS DR
3.4 CITY-ST-ZIP	FERNANDINA BEACH, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: David F. Woods **David F. Woods** 1/24/97 (904) 261-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)