

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	26 Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 12/29/1986	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Byron N. Thompson, Jr.	
82 Street Address (P.O. Box Number is Not Acceptable) 8500 Heckscher Drive	
83	
84 City Jacksonville	85 Zip Code FL 32226

11. Pursuant to the provisions of Sections 607.0572 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 *Byron N. Thompson, Jr.* DATE **4/15/98**

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GIBBS, GEORGE W., III	
STREET ADDRESS	8500 HECKSCHOR DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SELLERS, DANIEL C. JR	
STREET ADDRESS	2617 CHARLOTTE OAKS DR.	
CITY-ST-ZIP	MOBILE AL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WOODS, DAVID F.	
STREET ADDRESS	184 RIVER OAKS DR.	
CITY-ST-ZIP	FERNANDINA BCH 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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas P. Jones, Jr.	
1.3 STREET ADDRESS	1452 Seminole Road	
1.4 CITY-ST-ZIP	Atlantic Beach, FL 32233	
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Byron N. Thompson, Jr.	
2.3 STREET ADDRESS	1200 San Amaro Road	
2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas S. Lobrano, III	
3.3 STREET ADDRESS	10420 Sylvan Lane West	
3.4 CITY-ST-ZIP	Jacksonville, FL 32217	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cato F. Sverdrup	
4.3 STREET ADDRESS	Ribegade 2, St.	
4.4 CITY-ST-ZIP	DK-2100, Copenhagen 0 Denmark	
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 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: *Byron N. Thompson, Jr.* DATE: **4/15/98** **904-251-1572**

CR2E034 (10/97)