1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name J71743

SOUTHWEST MARINE SALVAGE, INC.					6 1885118 BIH 1888 1881 1881 BIRB HIJ BIRB	ERYL RIBIU BIBUL R	(1 4): 0 :01) (0.0)
Principal Place of Business Mailing Address					(FEIT BIBIT BIBIT O	IŞII BIBLI IBBI
1118 SE 12TH COURT 1118 SE 12TH COURT							
CAPE CORAL FL 33990 CAPE CORAL FL 33990					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					05/08/1987		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21 26					59-2801710	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 △	
22 27					3. Certificate of citation Desired	Fee_Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	•
23	28				Trust Fund Contribution	Added t	o Fees
Zip	Country Zip Cou				8. This corporation owes the current year Int	angible• Ves	□No
24		25 29 30			Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	rigem	
PET	ERSON, GREGORY A.		Ľ				
3255 SUGARLOAF KEY RD #330			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
Punta Gorda FL 33955			83				
			84	City		85 Zip C	Code
				'	<u> </u>	.	ļ
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	, the above	e-named corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	changing its ntment as re	registered gistered
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes		,,,,		
SIGNATURE		(NOTE: Bu	onintered Acco	ot ejonotijos radijir	red when reinstating) DATE		}
12.	Olginatio, typed v printer and a second seco		13.	T signature requir	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	PETERSON, GREGORY A.		1.2 NAME				ł
STREET ADDRESS	ACT ALL DATE OF LIP DO		13 STREE	T ADDRESS			{
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	••		2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS	•		ļ
CITY-ST-ZIP	FT MYERS FL 33919 2.4		2.4 CITY-	ST-ZIP			· -
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME	[3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	DELETE 5.1		5.1 TITLE			. Change	☐ Addition
NAME	[5.2 NAME	ļ			
STREET ADDRESS			5.3 STREE	TADDRESS			ĺ

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 or an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

G OFFICER OR DIRECTOR

DELETE

Change

☐ Addition

Mar 04, 1999 8:00 am Secretary of State

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