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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

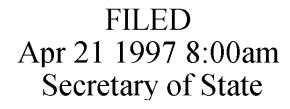
Socretary of State DIVISION OF CORPORATIONS

POCUMENT # J79097

(8)

MARINER MARINE SERVICE, INC.

Mailing Address





| SAIS BEACH DR. TAMPA FL 33629 | | | | 3416 BEACH DR. TAMPA FL 33629-8202 | | | | | | | | | |
|---|-----------------------------|-------------------------|-------------|---------------------------------------|-----------------|-------|--|--|-------|-------------------------------|--------------|--|--|
| | | | | | | | | 3. Date Incorporated or Qualified 06/23/1987 | | Date of Last Ro 07/24/1996 | eporl | | |
| 2. Principal Place of Business | | | 2a. | 2a. Mailing Address | | | | 4. FEI Number | | Ap | plied For | | |
| 21 | | | 26 | 26 | | | | 59-2780957 | | No | t Applicable | | |
| Sulte, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 A | dditional | | |
| 22 | | | 27 | 27 | | | | 5. Certificate of Status Desired | لبا | Fee Re | quired | | |
| City & State | | | | City & State | | | | 6. Election Campaign Financing | · | \$5.00 | May Be | | |
| 23 | | | 28 | 28 | | | | Trust Fund Contribution | | Added to Fees | | | |
| Zip | Country | | | Zip Cour | | | | 8. This corporation has liability for intangible tax under | | | 199.032, | | |
| 24 | 25 | | | 9 30 | | | | Florida Statutes Yes No | | | | | |
| 9. Name and Address of Current Registered Agent | | | | | | | | 10. Name and Address of New Registered Agent | | | | | |
| | eron, clarenc | E B JR | | | | 81 | Name | | | | 1 | | |
| 3514 VASCONIA ST. | | | | - | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| TAMPA FL 33629 | | | | | | | | | | | | | |
| | | | | | | 83 | | | | | | | |
| • | | | | | | 84 | City | | | 85 Zip 0 | Code | | |
| | | | | | | | , | | | FL | | | |
| 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, typed or printed | name of registered agen | t and title | if applicable. (NOT | : Registers | d Age | ent signature re | quired when reinstating) | DA | JE | | | |
| 12. | | OFFICERS AND | | | 13. | | | ADDITIONS/CHANGES TO OFF | ICERS | AND DIRECTOR | S IN 12 | | |
| TITLE | STO | | | DELETE | 1.1.1 | ILE | | | | ☐ Change | Addition | | |
| NAME | MCFERON, JOS | EPHINE C. | | | 1.2 N | AME | | | | | | | |
| STREET ADDRESS | | | | 1.3 STRE | | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | TAMPA FL | | | 1.4 0 | | | 1-7IP | | | | 1 | | |
| TITLE | PD | | | DELETE | 217 | | | | | Change | Addition | | |
| NAME | MCFERON, CLARENCE B. | | | 2.2 N | | | | | | | | | |
| STREET ADDRESS | ARAL SIRABANIA AY | | | 23\$1 | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | TALANA PI | | | • | | | ST-ZIP | | | | | | |
| TITLE | D | | | ☐ DELETE | 311 | | | | | Change | Addition | | |
| NAME | MCFERON, DENNIS C | | | 321 | | AME | | | | | | | |
| STREET ADDRESS | | | | 335 | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | TAMPA FL | | | | 34.0 | OTY-S | ST-ZIP | | | | | | |
| TITLE | | | | DELETE | 4.1 T | | | | | Change | Addition | | |
| NAME | | | | | 4.21 | NAME | | | | | | | |
| STREET ADDRESS | | | | | 4.3 S | THEFT | ADDRESS | | | | | | |
| CITY-ST-ZIP | ļ | | | | 4.4 0 | HY-S | 1-ZIP | | | | | | |
| TITLE | | | | DELETE | 5.11 | | | | | Change | Addition | | |
| NAME | | | | | 5.2 N | AME | | | | | | | |
| STREET ADDRESS | | | | | 5.3 S | TREFT | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | | i1 - ZiP | | | | | | |
| TITLE | | | | DELETE | 6.1 T | _ | - | | | Change | Addition | | |
| NAME | | | | | 6.2 N | | | | | - | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | 6.4 C(1Y-S1-ZIP | | | | | | | | |
| VIII-91-41 | J | | | | 041 | 111-5 | 0.511 | | | | | | |

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 atlachment with an address. MINIMUTE DE LEUT