

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

FILED

Apr 29 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 #

1. Corporation Name

J90001

S. N. Marine, Inc.

Principal Place of Business

Mailing Address

c/o NTS Corporation
10172 Linn Station Rd.
Louisville, Ky. 40223

c/o NTS Corporation
10172 Linn Station Rd
Louisville, Ky. 40223

3. Date Incorporated or Qualified

08/26/1987

3a. Date of Last Report

04/96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

61-1133917

Applied For

Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation
1200 S. Pine Island Road
Plantation, FL 33324

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	Nichols, J. D.	
STREET ADDRESS	10172 Linn Station Rd	
CITY - ST - ZIP	Louisville, Ky.	
TITLE	SVPT	<input type="checkbox"/> DELETE
NAME	Hampton, John W.	
STREET ADDRESS	10172 Linn Station Rd.	
CITY - ST - ZIP	Louisville, Ky.	
TITLE	P	<input type="checkbox"/> DELETE
NAME	Good, Richard L.	
STREET ADDRESS	10172 Linn Station Rd.	
CITY - ST - ZIP	Louisville, Ky.	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	Compton, Gregory A	
STREET ADDRESS	10172 Linn Station Rd.	
CITY - ST - ZIP	Louisville, Ky.	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Howard, Susan M	
STREET ADDRESS	10172 Linn Station Rd.	
CITY - ST - ZIP	Louisville, Ky.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	

000002161550
-05/01/97--01026--047
***165.00

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: *Susan M. Howard* Susan M. Howard, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(502) 426-4800

CR2E034 (9/96)