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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # 1. Corporation Name

K73733

(3)

CAPTAIN TOM CORLEY AND SON, REGISTERED MARINE SU RVEYORS AND ADJUSTERS, INC.

## FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1701 GRANT AVE 1701 GRANT AVE PANAMA CITY FL 32401-1140 PANAMA CITY FL 32401-1140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1989 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-2945604 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Yes Yes Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORLEY, KERRY R. 81 1701 GRANT AVE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607.1508, Fiorida 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. KERRY R. CORLE d agust and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 11700 6 Change Addition CORLEY, TOM NAME 1.2 NAME 6308 N LAGOON DR. STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP VPST TITLE DELETE Change Addition CORLEY, KERRY R NAME 2.2 NAME 1701 GRANT AVE STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY - ST - ZIP TITLE DELETE. 4.1 TITLE Change \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TALE Change \_\_\_ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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:

IGNAMES FORLE

1/15/98 850-184-9939

CR2E034 (10/97)