PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Corporation	MENT # K76203 Name L MARINE SERVICES, INC.						
Principal Place	e of Business	Mailing Address				ITAN ILII ATOIL AIBII ALOIL OIDII	GINTI BIBIL IBBI
10121 SINTON DRIVE 5131 N. PALAFOX ST.							
PENSACOLA FL		PENSACOLA FL 32505			50 1107 147	ITE IN THE COACE	
		US				ITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 03/24/1989		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			65 -0121436		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
22		27					
City & State	θ· · · · · · · · · · · · · · · · · · ·	City & State 28			6. Election Campaign Financing Trust Fund Contribution	1 1	May Be to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the cur		П.,
24	25	29	<u>) </u>		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	Mana	10. Name and Address of New	Registered Agent	
woo	DORUFF, MARVIN L.		*'	Name			
5131 N. PALAFOX ST.			82	Street Add	Iress (P.O. Box Number is Not Accept	table)	
PENS	SACOLA FL FL 32505		83				
1			84	City		₽1 85 Zip	Code
44 Disease	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the abov	e-named con	poration submits this statement for the	e purpose of changing it	s registered
office or n agent. I a	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 607.0505, Florid	orized by a Statutes	the corporat	ion's board of directors. I hereby acce	ept the appointment as r	egistered
SIGNATURE	Signature, typed or printed name of registered ager	at and tate if applicable. (NOTE: Re	gistered Age	nt signature requir	ed when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO O		
TITLE	P	☐ DELETE				Change	Addition
NAME	WOODRUFF, MARVIN L.		1.2 NAME				
STREET ADDRESS	5131 N. PALAFOX ST.	AFOX ST.		T ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32505	1.		ST-ZIP			
TITLE	VP	☐ DELETE 2				☐ Change	☐ Addition
NAME	WOODRUFF, LYNN C.		2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32505		2.4 CITY-	ST-ZIP			
TITLE	S □ DELETE		3.1 TITLE	1	,	☐ Change	☐ Addition
NAME	RON D. STROBO,		3.2 NAME				
STREET ADDRESS	2101 TUCSON AVENUE		3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP				□ A 1-3141
TITLE			4.1 TITLE	į		☐ Change	Addition
NAME			4. 2 NAME	i			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		Chance	Addition
TITLE		☐ DELETE	5.1 TITLE			Change	L. Addition
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		□ DELETE	5.4 CITY-S 6.1 TITLE			Change	Addition
LIME	1						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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 adjochment with an address, with all other like empowered. CITY-ST-ZIP

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADORESS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90110 002 ***150.00