FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L44180** **(2)**

1. Corporation Name
"DEEP 6" SALVORS, INC.

Principal Place of Business:
% WALTER E. WILLIAMS JR
2357 CHERIMOYA LN
ST JAMES CITY FL 33956-2021

Mailing Address:
% WALTER E. WILLIAMS JR
2357 CHERIMOYA LN
ST JAMES CITY FL 33956-2021

3. Date Incorporated or Qualified: **01/17/1990**
3a. Date of Last Report: **02/08/1995**
4. FEI Number: **65-0168850** — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [x] No

2. Principal Place of Business (21 Street, 22 Suite, Apt #, etc., 23 City & State, 24 Zip, 25 Country)
2a. Mailing Address (26 Street, 27 Suite, Apt #, etc., 28 City & State, 29 Zip, 30 Country)

9. Name and Address of Current Registered Agent

WILLIAMS, WALTER E. JR
2357 CHERIMOYA LN
ST JAMES CITY FL

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	DPT	[ ] DELETE
NAME	WILLIAMS, WALTER E. JR	
STREET ADDRESS	POB 543 N/A	
CITY-ST-ZIP	ST JAMES CITY FL	
TITLE	DVS	[ ] DELETE
NAME	WILLIAMS, HELEN M	
STREET ADDRESS	P O BOX 543 N/A	
CITY-ST-ZIP	ST JAMES CITY FL	
TITLE		[ ] DELETE
TITLE		[ ] DELETE
TITLE		[ ] DELETE
TITLE		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — [ ] Change [ ] Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP — [ ] Change [ ] Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — [ ] Change [ ] Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — [ ] Change [ ] Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — [ ] Change [ ] Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — [ ] Change [ ] Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Walt E. Williams WALTER E. WILLIAMS, JR. 1-18-96 (941)765-1545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR