FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L48224

1. Corporation Name

	MARINE SERVICES, INC.							
Principal Plac	ce of Business	Mailing Address			4 10071017 014 07004 \$8410 114	ALO ISBAT BIBT DIĞIL	OFBIE BIBE BIBIL	01014 84811 1004
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34 OREGON DR. 34 OREGON DR. FT WALTON BCH FL 32548 FT WALTON BCH FL 32		34 OREGON DR. FT WALTON BCH FL 32548	48		DO NOT WRITE IN THIS SPACE			
		•			3. Date Incorporated or Qua	lifed		
`.					02/01/1990			
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number		Aı	oplied For
21 Suite Ant	4 -4-	26			59-2997316			ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desire	ed 🔲	•	Additional equired
City & Sta	te	City & State			6. Election Campaign Finance	cing	\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the	current year Ir	. =	_/
24	25 Name and Address of Curren		30		Personal Property Tax.	0	☐Yes	ØNo _
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of N	ew Registered	d Agent	
, FLEI	et, H. Bart		61	IVAIIIE				1
	I EGLIN PKWY.		82	Street Add	tress (P.O. Box Number is Not Acc	ceptable)		
SHA	LIMAR FL 32579		83	 	10 feet \$1,25 4 455	<u> 144 f. (4</u>	7.75	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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			84	City		EI	85 Zip	Code
# 12 Duc* C;	to the provisions of Sections 607 050	2 and 607 1509. Florida Statuto	a the cheur	n named corr	porotion out mito this state and for	<u> </u>		
11. Pursuant office or i agent. I a	to the provisions of Sections 607.050/ registered agent, or both, in the State of familiar with, and accept the obligat	ions di, Section 607.0505, Fion	ida Statutes	i.		•	of changing its pintment as re	registered gistered
agent, i a	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agen	i.	ed when reinstating)	DATE		
SIGNATURE	ani lamiliar with, and accept the obligat	t and title if applicable. (NOTE:	ida Statutes	i.	ed when reinstating) ;	DATE		
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SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS ANI	t and title if applicable. (NOTE:	Registered Agen 13. 1.1 TITLE	nt signature require	ed when reinstating) ;	DATE	ND DIRECTO	PRS IN 12
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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 a quired 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, with all other like empty wered.

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90024 006 ***150.00