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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L55957

PRICE MARINE SERVICES, INC.

(9)

## FILED Jan 23 1997 8:00am Secretary of State

3. Date Incorporated or Qualified (3/05/1990)  2. Principal Flace of Business  28. Mailing Address  4. FEI Number (5-0197327)  Applied For Not Applicable Suite, Apt #, etc.  29. Suite, Apt #, etc.  21. Suite, Apt #, etc.  22. Suite, Apt #, etc.  23. Cavit State  City & State  City	Principal Place %THOMAS PRIC 9418 SHARON : HOBE SOUND I	CE ST	Mailing Address %THOMAS PRICE 9418 SHARON ST HOBE SOUND FL 3345	HOMAS PRICE							
Suite, Apt. #, etc.										leport	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   S8.75 Additional Fee Required	<del></del>	Jace of Business	<b>-</b>					_ <del>\</del>			
City & State  23  24  25  29  30  Country  28  Country  29  30  8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes  9. Name and Address of Current Registered Agent  PRICE, THOMAS  9418 SHARON ST  HOBE SOUND FL 33455  81  City  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Symbols typic for procedure of the colligations of, Section 607.0505, Florida Statutes  (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Title  D	Suite, Apt	#, etc.	Suite, Apt. #, etc.	······································					\$8.75	Additional	
28		9					6. Election Campaign Financing				
24	23		28			7	, , ,				
PRICE, THOMAS 9418 SHARON ST HOBE SOUND FL 33455  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  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 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 armiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  11 TITLE  Change  Addition  PRICE, THOMAS  9418 SHARON ST  LORDER COLLAID FL	<b>-</b>	r	⊢ <b>¬</b>		intry	1	· ·			s. 199.032,	
PRICE, THOMAS 9418 SHARON ST HOBE SOUND FL 33455  81	24			30]	Τ						
9418 SHARON ST HOBE SOUND FL 33455  82 Street Address (P.O. Box Number is Not Acceptable)  83   B4   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 required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  11 TITLE  Change  Addition  PRICE, THOMAS  9418 SHARON ST  LORDERS OURS IN 12  LORDERS OURS IN	PRIC				81	Name					
HOBE SOUND FL 33455    B3     B4   City   FL     B5   Zip Code					82	Street Add	ress (P.O. Box Number is Not Accepta	ıble)	<del></del>	<del></del>	
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14. Ido 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 of chapter 607, with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Thomas Price

1/15/47

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