

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

FILED  
Mar 18 1997 8:00am  
Secretary of State

DOCUMENT # **L64275** (5)  
1. Corporation Name  
**TOTAL OCEAN MARINE SERVICES INC.**

Principal Place of Business Mailing Address  
**2970 HARTLY RD** **2970 HARTLEY RD**  
**STE 106** **STE 106**  
**JACKSONVILLE FL 32257** **JACKSONVILLE FL 32257-6245**  
**US** **US**

2. Principal Place of Business 2a. Mailing Address  
21 **11435 Mandarin Road** 26 **11435 Mandarin Road**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **7** 27 **7**  
City & State City & State  
23 **Jacksonville, FL** 28 **Jacksonville, FL**  
Zip Country Zip Country  
24 **32223** 25 **US** 29 **32223** 30 **US**

3. Date Incorporated or Qualified 3a. Date of Last Report  
**04/11/1990** **03/14/1996**  
4. FEI Number Applied For  
**59-3064472** Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DESIDERIO, PIERO L**  
**200 EAST BROWARD BLVD**  
**SUITE 1900**  
**FORT LAUDERDALE FL 33301**

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

Signature of registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
DP	VOGT, THOMAS FRANCIS	1538 GREENRIDGE CIRCLE, WEST	JACKSONVILLE FL	<input type="checkbox"/>
DV	OELSNER, W J E	369 SOUTH LAKE DRIVE-SUITE F-3	PALM BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 (904) 886-0009

CR2E034 (9/96)