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Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11664 (2)

1. Corporation Name

ATLANTIC AND GULF COASTS DOCKING PILOTS ASSOCIAT
ION, INC.

Principal Place of Business

Mailing Address

ROUTE 1 BOX 700
BRANFORD FL 32008ROUTE 1 BOX 700
BRANFORD FL 32008-97733. Date Incorporated or Qualified
10/18/19853a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, GEORGE L.
ROUTE 1, BOX 700
BRANFORD FL 32008

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	REGISTER, JAMES R	
STREET ADDRESS	222 CAMIELLIA DR	
CITY - ST - ZIP	WILMINGTON NC	

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	NAUGHTON, JAMES	
STREET ADDRESS	71 JUNE MEADOW DR #4	
CITY - ST - ZIP	DOULESTOWN PA	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, DOUGLAS T	
STREET ADDRESS	25 S ROSSCOE BLVD	
CITY - ST - ZIP	PONTE VEDRE BEACH FL	

TITLE	DST	<input type="checkbox"/> DELETE
NAME	MOORE, GEORGE L	
STREET ADDRESS	RT 1 BOX 700	
CITY - ST - ZIP	BRANFORD FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ACKERMAN, JAMES T.	
STREET ADDRESS	11540 WOODSONG LOOP S	
CITY - ST - ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DVP
2.3 STREET ADDRESS	DAVID P. GALMAN
2.4 CITY - ST - ZIP	185 SAMOSET AVENUE

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	FREDERICK R. THOMAS
3.4 CITY - ST - ZIP	1306 BROOKMONT AVE. EAST

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JACKSONVILLE, FL. 32244
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE:

GEORGE L. MOORE

1/24/1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000093

CR2E037 (9/96)