PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9300008692

1. Corporation Name

GUARDIAN MARINE SERVICES, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90065 039 ***150.00



Principal Place	e of Business	Mailing Address						
600 CARRIAGE HOUSE LANE 600 CARRIAGE HOUSE LANE								
SUITE D-103 SUITE D-103					DO NOT WRI	TE IN TUIC	SDACE	
NOKOMIS FL 3	NOKOMIS FL 34275				DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed			- [
					02/01/1993			
	face of Business	2a. Mailing Address			4. FEI Number		h	pplied For
11 424 PEBBLE CLEEK C+ 26 424 PEBBLE CA			KEET	COUR	.T 59-3165349			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional Required
22		27						
City & State					6. Election Campaign Financing			May Be
23 VENICE, FLORIDA 28 VENICE, FLO			UAA		Trust Fund Contribution			to Fees
_ Zip	Country	Zip	Country		8. This corporation owes the curr	ent year int	angible □Yes	No
<u>4 34√°</u>	72 25 USA	29 34792 30	US	79	Personal Property Tax.			MANAO
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New F	egisteren	Agent	
PORTON ANDORW I				Name				
BRITTON, ANDREW J				Street	Address (P.O. Box Number is Not Accepta	ible)		
245 N. TAMIAMI TRAIL			<u> </u>	<u> </u>				
VENICE FL			83		•		•	
	•		84	City			85 Zir	Code
			.	' '	<u></u>	FL	.	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corporation submits this statement for the	purpose of	changing i	ts registered
office or a	registered agent, or both, in the State o Im familiar with, and accept the obligati	of Florida. Such change was auth	orizea by	r ine corpi	oration's board of directors. I hereby accept	n me appoi	Illinein as	egistered
·	January story and accept the accept							}
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	gistered Age	nt signature re	equired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D	☐ DELETÉ	1.1 TITLE				Change	Addition
NAME	SISMANSON, EVANS U		1.2 NAME		1-201- 24-D-W	Cont	1+	ł
STREET ADDRESS	600 CARRIAGE HOUSE LANE	#D103	1.3 STREE	TADDRESS	YENICE, HONDA	711.0	\	ļ
CITY-ST-ZIP	NOKOMIS FL 34275		1.4 CITY-8	ST-ZIP	VENICE, HONIDA	3977	ν	
TITLE		☐ DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME					i
STREET ADDRESS			2.3 STREE	T ADDRESS				ļ
			2. 4 CITY-					
CITY-ST-ZIP		☐ DELETE	3.1 TITLE			 	Change	Addition
		_	3.2 NAME					ì
NAME	ĺ			TADDRESS				ſ
STREET ADDRESS					İ			
CITY-ST-ZIP		[] DELETE	3.4. CITY- 4.1 TITLE	51-ZIP			☐ Change	Addition
TITLE		D DECEME					_ ,	_
NAME			4. 2 NAME			,		,
STREET ADDRESS				T ADDRESS	•			1
CITY-ST-ZIP		C perete	4.4 CITY-	ST-ZIP			☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE					, GAGGOT
NAME			5.2 NAME					-
STREET ADDRESS				T ADDRESS :				J
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				ſ
GINEEI ADDINEDO								

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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR