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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000068101 (3)

FREEPORT MARINE FABRICATION, INC. (WRONG Name)

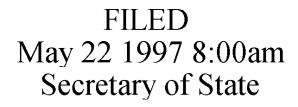
FREEPORT SKIPBUILDING, INC. Corvects

noipal Place of Business

Mailing Address

SHIPYARD ROAD FREEPORT FL 32439

SHIPYARD ROAD FREEPORT FL 32439



Date Incorporated or Qualified 3a. Date of Last Report 09/24/1993 04/23/1996		
	Date Incorporated or Qualified 09/24/1993	3a. Date of Last Report 04/23/1996

						,	Date of Last Report 4/23/1996
2. Principal P	Place of Business	2a. Mailing Addre	oss			4. FEI Number	Applied For
21		26				59-3227526	Not Applicab
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	F	Country	1	8. This corporation has liability for intang	
24	25	29	30			Florida Statutes Yes	
	9. Name and Address of Curr	ent Hegistered Agent		81	Name	10. Name and Address of New Register	ea Agent
	RI, DANIEL C			"	IName		
	LIFFORD DRIVE			82	Street A	Address (P.O. Box Number is Not Acceptable)	
	TE 12			02	ļ <u></u>		
SHA	LIMAR FL 32579			83			
				84	City	7	85 Zip Code
		10074600		ļ	L		—
agent.la	registered agent, or both, in the Sta am familiar with, and accept the ob-	ate of Florida. Such changing ations of, Section 607.0	ge was author 0505, Florida (ized by Statute:	o-named o / the corp s.	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, typod or printed name of registered a	soont and litle if applicable	(NOIE : Rocis	lered And	ent signature r	required when reinstating) DAT	
12.		ND DIRECTORS		13.	- I og krore i	ADDITIONS/CHANGES TO OFFICERS	-
TITLE	D	☐ DF	LETE 1	.1 111LE	<u>-</u>		Change Addition
NAME	MURRAY, GAIL		1	2 NAME			
STREET ADDRESS	P.O. BOX 49 N/A		1	.3 \$18EE1	ADDRESS		
CITY-ST-ZIP	FREEPORT FL 32439			.4 CITY - S	ì		
TITLE	D	□ DE		.1 TITLE			Change Addition
NAME	MURRAY, JAMES		2	2 NAME			
STREET ADDRESS	P.O. BOX 49 N/A		2	3 STREET	ADDRESS		
CITY-ST-ZIP	FREEPORT FL 32439		2	4 CITY-5	ST - ZIP		
TITLE		☐ DE	lfI€ 3	1 THILE			Change Addition
NAME			3	,2 NAME			
STREET ADDRESS			3	3 STREFT	ADDRESS		
City-St-Zip			3	4. CDY-3	ST - 7IP		
TITLE		☐ D£I	LETE 4	1 HILE			Change Addition
NAME			4	2 NAME	1		
STREET ADDRESS			4	.3 STREET	ADDRESS		\wedge
CITY-ST-ZIP				4 CITY - S	T - 21P		V_{\prime}
TITLE		DEL	LETE 5	.1 TITLE		D	Change Addition
NAME			5	2 NAME	1	W A	Ò
STREET ADDRESS			5	.3 STREE1	ADDRESS	\ _{h} \ \}	•
CITY-ST-ZIP				4 CITY - S	T-ZIP	· \	
TIFLE		DEI	LETE 6	1 11111			Change Addition
NAME			£	2 NAME		6000022022 -06/05/9701003	256
STREET ADDRESS			6	3 STREET	ADDRESS		-028
מול דם עדום			i e	A CITY C	T. 7ID	***165.00	

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.