Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90240 015 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400034627

1. Corporation Name

GLADDING MARINE SERVICE, INC.

Principal Place of Business Mailing Address									
000 PENINSULAR AVE			6000 PENINSULAR AVE						
KEY WEST FL 33040 JS			KEY WEST FL 33040 US				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed 05/09/1994	40-	
2. Principal P	lace of Business	2a	Mailing Address				4. FEI Number		Applied For
The state of Eastween			— 1 ×			.WE	65-0500522		Not Applicable
Suite, Apt. #, etc.		1	Suite, Apt. #, etc				5. Certificate of Status Desired		Additional
2		27	_				5. Certificate of Status Desired	Fee	Required
City & State			City & State				6. Election Campaign Financing		May Be
3		28	KEY WEST		۲.		Trust Fund Contribution	Adde	d to Fees
Zip ⁻¬	Country	$\perp$	Zip		intry		8. This corporation owes the curren	year Intangible	□No
4	25	29  • Book	33040	30	Τ		Personal Property Tax.  10. Name and Address of New Reg		
	9. Name and Address of Curren	t Regi:	stered Agent		81	Name	10. Name and Address of New No.	iotorea rigent	
GLA	DDING, RAYMOND G JR				82			<del></del>	
7 PENINSULAR AVE						Street Addre	ess (P.O. Box Number is Not Acceptable	∍)	
KEY	WEST FL 33040				83			***	
					L.			-	0040
					84	City		FL  85   Zi	p Code
office or agent. I a	to the provisions of Sections 607,050, registered agent, or both, in the State (am familiar with, and accept the obligation).	of Flori	da. Such change was	authorize	yd t	the corporation	oration submits this statement for the pun's board of directors. I hereby accept t	he appointment as	registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title	if applicable. (NOT	E: Registered	Ägen	t signature required		DATE	
12.	OFFICERS AN	D DIRE		13.		<del></del>	ADDITIONS/CHANGES TO OFFIC		
TITLE	D		☐ DELETE	1.1 T				☐ Chang	je 🗌 Addition
NAME	GLADDING, RAYMOND G JR			12 N					
STREET ADDRESS	I					ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040		☐ DELETE		ITY-S	T-ZIP		Chang	e Addition
TITLE	D CLADDING EDIC E		☐ DELETE	2.1 7					, , , , , , , , , , , , , , , , , , , ,
NAMÉ	GLADDING, ERIC E   19622 TEQUESTA STREET			2.2 N		***************************************			
STREET ADDRESS	SUMMERLAND KEY FL		· .			TADDRESS			
OTY-ST-ZIP	SOMMETICATE NET I E		☐ DELETE	3.1 T		11-ZIF	***	☐ Chang	e Addition
NAME			<u> </u>	3.2 N					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP						T-ZIP			
TITLE			☐ DELETE	4.1 T				Chang	ge ☐ Addition
NAME				4.21	IAME				}
STREET ADDRESS				4.3 S	TREE	T ADDRESS		•	}
CITY-ST-ZIP				4,4 0	TY-S	T-ZIP		<u>.</u>	
TITLE			☐ DELETE	5.1 T				☐ Chang	je 🗌 Addition (
NAME				52 N				•	
STREET ADDRESS							•		
CITY-ST-ZIP						ADDRESS	•		
				54 C	ITY-S	1		. 🗆 Съ	TO FT Addition
			☐ DELETE	54 C	ITY-S	1	· 	· Chang	ge 🗋 Addition
TITLE NAME			☐ DELETE	5 4 C 6.1 T 6.2 N	ITY-S' ITLE AME	1		· Chang	ge 🗋 Addition

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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

37/१९