

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

0500486

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 JUN 29 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000038458**

1. Corporation Name

PETER JOYCE, AMS MARINE SURVEYS, INC.



Principal Place of Business 1901 HOLIDAY DR. HOLIDAY FL 34691	Mailing Address 1901 HOLIDAY DR. HOLIDAY FL 34691
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1994

4. FEI Number

59-3242204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**JOYCE, DIANE
1901 HOLIDAY DR.
HOLIDAY FL 34691**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	JOYCE, DIANE	
STREET ADDRESS	1901 HOLIDAY DR.	
CITY-ST-ZIP	HOLIDAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	100002925991	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	-07/07/99--01076--022	
13 STREET ADDRESS	***150.00 ***150.00	
14 CITY-ST-ZIP		

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

21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

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

31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		

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

41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		

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

51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		

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

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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.

SIGNATURE: Diane Joyce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-99 (727) 937-7267
Date Daytime Phone #

CR2E034 (11/98)

Peter Joyce, ams
Marine Surveys Inc.

1901 HOLIDAY DRIVE, HOLIDAY, FLORIDA 34691 [747] 937-7267 [800] 419-0005 FAX [727] 945-1179
FIBERGLASS. WOOD. METAL. YACHTS AND COMMERCIAL CRAFT

June 22, 1999

DEPARTMENT OF STATE
PROFIT CORPORATION ANNUAL REPORT 1999
BOX 1500
TALLAHASSEE, FL. 32302

TO WHOM IT MAY CONCERN.

DUE TO SUBSTANTIAL MEDICAL CONCERNS, WE WERE UNABLE TO SUBMIT OUR
ANNUAL FILING FEE FOR PETER JOYCE AMS MARINE SURVEYS INC. ON TIME.

WE CALLED YOUR OFFICE THIS DATE June 22, 1999, AND EXPLAINED THIS
SITUATION AND WAS TOLD TO SUBMIT IT RIGHT AWAY IN WRITING AND WE
WILL ONLY BE CHARGED \$ 150.00

CHECK ENCLOSED

THANK YOU


DIANE JOYCE

DOCUMENT # P94000038458