SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 19 AM 11:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000038783 (4)**

1. Corporation Name
SOUTH ATLANTIC MARINE AGENCIES, INC.

Principal Place of Business	Mailing Address
2831 TALLEYRAND AVE., SUITE 209 JACKSONVILLE FL 32206	2831 TALLEYRAND AVE., SUITE 209 JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3276960	☐ Applied For ☐ Not Applicable
21 9550 REGENCY SQUARE BLVD.	26 9550 REGENCY SQUARE BLVD.		
Suite, Apt. #, etc. 22 SUITE 1240	Suite, Apt. #, etc. 27 SUITE 1240	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 32225 / 25 DUVAL	Zip / Country 29 32225 / 30 DUVAL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SORDIAN, PHIL 2831 TALLEYRAND AVE., SUITE 209 JACKSONVILLE FL 32206	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable): 9550 REGENCY SQUARE BLVD. 83 SUITE 1240 84 City: JACKSONVILLE FL 85 Zip Code: 32225

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SORDIAN, PHILIP	1.2 NAME	
STREET ADDRESS	9700 CREEKSIDE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	COSLICK, FRANK	2.2 NAME	
STREET ADDRESS	16 N. CAMPGELL AVENUE	2.3 STREET ADDRESS	410 BAYARD STREET
CITY-ST-ZIP	TYBEE ISLAND GA 31328	2.4 CITY-ST-ZIP	BEAUFORT, SC 29902
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MASSEY, NORMAN	3.2 NAME	
STREET ADDRESS	9 YARDARM PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31410	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] FRANK E. COSLICK 7/12/95 (912) 651-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0125479 FP