

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:18

DOCUMENT # **P94000055048 (0)**

1. Corporation Name
MD-SOUTH MARINE, INC.

Principal Place of Business Mailing Address
100 14TH AVENUE SOUTH 100 14TH AVENUE SOUTH
ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/25/1994

| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. Fed Number | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | City & State | 27 | City & State | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | Zip | 28 | Country | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | Country | 29 | Zip | 30 | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ALDERSON, ANNETTE B 100 14TH AVENUE SOUTH ST. PETERSBURG FL 33701 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | | |
| | | | | 85 | Zip Code | | |
| | | | | FL | | | |

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 re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PHILLIPS, A B | 12 NAME | |
| STREET ADDRESS | 1002 HARBOUR ISLAND BLVD. #1502 | 13 STREET ADDRESS | |
| CITY - ST - ZIP | TAMPA FL 33602 | 14 CITY - ST - ZIP | |
| TITLE | D | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALDERSON, ANNETTE B | 22 NAME | |
| STREET ADDRESS | P.O. BOX 68632 | 23 STREET ADDRESS | |
| CITY - ST - ZIP | ST PETERSBURG BEACH FL 33736 | 24 CITY - ST - ZIP | |
| TITLE | D | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DYE, JOEL | 32 NAME | |
| STREET ADDRESS | 330 13TH AVENUE SOUTH | 33 STREET ADDRESS | |
| CITY - ST - ZIP | ST. PETERSBURG FL 33701 | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 CITY - ST - ZIP | |

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 110.07(3)(k), 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: *ANNETTE B. ALDERSON, Director* 3/15/95 (013) 822-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Director's Name