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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

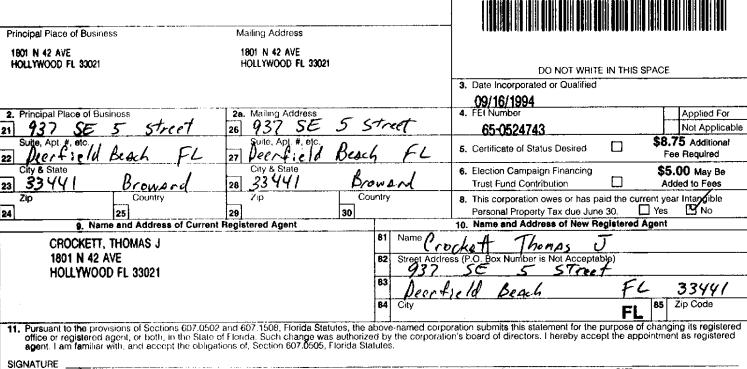
## P94000069017 (9) DOCUMENT #

T.C. MARINE SERVICES INC.

Principal	Place	of	Business
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1801 N 42 AVE

## FILED May 12 1998 8:00am Secretary of State



SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or proted name of registered agest and blie if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12, Change Addition DELETE TITLE Ď 1.1 TOLE NAME CROCKETT, THOMAS J **1.2 NAME** 1801 N 42 AVE 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE NAME CROCKETT, REGINA M 2.2 NAME STREET ADDRESS 2643 KEY LARGO LANE 2.3 STREET ADDRESS FT LAUDERDALE FL 33312 2.4 CITY - ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-SI-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

64 CITY-ST-ZIP

CITY-ST-ZIP

4-28-0P