

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000083874 (5)

1. Corporation Name

AQUA SEA MARINE INC.



Principal Place of Business

Mailing Address

401 2ND ST E
DOCKMAST5 OFFICE
INDIAN ROCKS BEACH FL 34635
US

2120 DOG TRACK RD
PENSACOLA FL 32506
US

3. Date Incorporated or Qualified

11/16/1994

3a. Date of Last Report

08/21/1995

4. FEI Number

59-3276481

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIBBARD, TRACY
2120 DOG TRACK RD.
PENSACOLA FL 32506

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 Type: The printed name of the person signing this statement.

NOTE: Registered Agent Signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	KNUDSEN, PETER	
STREET ADDRESS	1191 87TH ST. NORTH	
CITY-STATE-ZIP	ST PETERSBURG FL	
TITLE	VP	☐ DELETE
NAME	CARPENTER, MARSHALL O JR	
STREET ADDRESS	8450 PENSACOLA BLVD	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	MARSHALL O. CARPENTER JR	
1.3 STREET ADDRESS	8450 PENSACOLA BLVD	
1.4 CITY-STATE-ZIP	PENSACOLA FL 32517	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	PETER KNUDSEN	
2.3 STREET ADDRESS	1191 87TH ST N	
2.4 CITY-STATE-ZIP	ST PETERSBURG FL 34635	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)