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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

26/5212 E. HARTFORD STREET

1996

DIVISION OF CORPORATIONS

DOCUMENT #	P95000020224 (	(O)
1. Corporation Name	·	•

CONSOLIDATED MARINE SERVICES, INC.

Principa' Place of Business

Mailing Alldress

715 SWANN AVE. TAMPA FL 33606

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715 SWANN AVE TAMPA FL 33606

2a. Maining Address

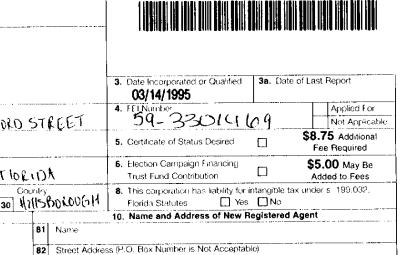
Suite, Apt. #, etc.

City 8 State
THMPA

33619

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Name and Address of Current Registered Agent



GREGORY, WILLIAM P 715 SWANN AVE. TAMPA FL 33606

	63				
	84	City	FL	85	Zıp Code
e abo	we f	agreed corporation submits this statement for the purpose	of char	aina	its registered office

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 off or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

TORIDA

81 Name

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SIGNATURE _	Standary, by edion parted report of regularity op of an Herod apply of	Wife E	gish out Agent agent in r	C 4 arest when remotetrical	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	S AND DIRECTO	RS IN 12
TITLE	D	DELETE	1. 1 TILLE	PRESIDENT	Change	Add tion
NAME	GREGORY, WILLIAM P		12 NAMÉ	ADDITIONS CHANGES TO OFFICER PRESTOENT ROBERT E.ELLISON LISON MAPLE LANE THAMPA F1 33610		
STREET ADDRESS	715 SWANN AVE.		1.3 STREET ADDRESS	6821 MAPLE CHINE		
CITY-ST-ZiP	TAMPA FL 33606		14 CiTY - ST - Z:P	14mpa 1 ( 33610		
TITLE		DEFELE	2 1 TITLE		Change	■ Addition
NAME			2.2 NAME			
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NAME			3.2 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY - ST - ZIP			3.4 CHTY+ST+ZIP			
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NAME			5.2 NAME			
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CITY-ST-ZIP			5.4 CITY - S1 - ZIP			
TITLE		DELETE	6 1 TITLE	1	Change	Addition
NAME			€ 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY - \$1 - 7:P		and the second	

14. I do hereby certify that the information supplied with this fling 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 early, that I am an officer or director of the corporation or the receiver or trustee en powered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if Quangod, or on an attachment with an address

Tobel 1 1 1 14 505 11-25 96 813 623 6200 Top signing officer of Direction