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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000056887

1. Corporation Name

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90011 008 ***150.00

	TIER MARINE, INC.	,							
Principal Plac	ce of Business	Mailing Address				I KAMU BUMU BUMU		10111 1001 1001	
	VENUE NORTH	11669 81ST AVENUE NOI	RTH		· ·				
SEMINOLE FL 34642 SEMINOLE FL 34642									
' 					3. Date Incorporated or Qualif	RITE IN THIS	SPACE		ı
					07/21/1995	ea			
2. Principal F	Place of Business	2a, Mailing Address			4. FEI Number		An	plied For	
21		26			59-3327600			t Applicable	3
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					\$8.75		3
22		27			5. Certifcate of Status Desired		Fee Re	quired	
City & Sta	te	City & State			6. Election Campaign Financir	¹⁹ \square	\$5.00	May Be	
23		28		· ···· · · · · · · · · · · · · · · · ·	Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	Count	try	8. This corporation owes the c	urrent year int			
24	25	29	30		Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent		Name	10. Name and Address of Nev	v Registered	Agent		
NAC	HMAN, BARBARA N	in and the second of	°	Name					
FISH 116	69 81ST AVENUE NORTH		8	Street Add	ress (P.O. Box Number is Not Acce	ptable)			
	MNOLE FL 34642			33	2.38 (5),425 (1),445 (1),451, 20,432 (2),463 3.37 (1),633 (1),71,347,127,127,137,137,137,137,137,137,137,137,137,13	gran anga katar Balif kant tibak	Street British Services	1816-1821 (BB)	
		,	١	,•					
			8	34 City	\$1.5. T. B. W. G. W. W. G. W. W. G. W. W. G. W.	ΕI	85 Zip C	Code	
TATE POLICY CONTRACTOR	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607,1508, Florida Statu	ites, the abo	ve-named com	poration submits this statement for t	he purpose of	changing its	registered	i i
office or agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Fl	orida Statute	98.		•	intment as req	gistered	
agent. I a SIGNATURE	am familiar with, and accept the obligati Signature, typed or printed name of registered agent	ons of, Section 607.0505, Fl	orida Statute E: Registered Ag	98.	ad when reinstating): () () ()	DATE			6
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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, with all other like empowered.

6.4 CITY-ST-ZIP