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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000077677 (9)

1. Corporation Name

CAPT. FRED'S MARINE SERVICES, INC.

Principal Place of Business

525 GLEN CHEEK DRIVE
PORT CANAVERAL FL 32920

Mailing Address

525 GLEN CHEEK DRIVE
PORT CANAVERAL FL 32920-4501

3. Date Incorporated or Qualified

10/05/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 707 MULLET DR

Suite, Apt. #, etc.

22 #116

City & State

23 PORT CANAVERAL FL

Zip

24 32920

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3338115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WATSON, VICTOR M
% WATSON, SOILEAU, DELEO & BURGETT, P.A.
1970 MICHIGAN AVE., SUITE C
COCOA FL 32832-1888

10. Name and Address of New Registered Agent

81 Name FREDERICK E. GATCHELL, SR

82 Street Address (P.O. Box Number is Not Acceptable)

83 85 S. ATLANTIC #405

84

City

COCOA BCH

FL

85

Zip Code

32921

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1-15-97

12. OFFICERS AND DIRECTORS

TITLE D
NAME GATCHELL, FREDERICK E SR.
STREET ADDRESS 85 S. ATLANTIC AVE., NO. 205
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

Date

Daytime Phone #

0101823

CR2E034 (9/96)