Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90161 035 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077677

1. Corporation Name

CITY-ST-7IP

SIGNATURE

CAPT. FRED'S MARINE SERVICES, INC.

Principal Place of Business Mailing Address								
707 MULLET DR 707 MULLET DR								
&TE 416			\$TE-116			DO NOT WRITE I	I THIS SPACE	
			PORT CANAVERAL FL 32320			3. Date Incorporated or Qualifed		
US		US				10/05/1995		
2 Principa P	lace of Business	2a. Ma	iling Address			4. FEI Number	Applied For	
21		⊢	26			59-3338115	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			i	\$8.75 Additional	
STE. UD		27 5	27 STE 117			5. Certificate of Status Desired	Fee Recuired	
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip)	Countr	у	8. This corporation owes the current y	_	
24	25	29		30		Personal Property Tax. 10. Name and Address of New Regis		
	9. Name and Address	of Current Registere	d Agent	81	Name	TO. Name and Address of New Regis	stered Agent	
CAT	CHELL, FREDERICK SR				Name			
	SHOREWOOD DR.				Street Acd	ress (P.O. Box Number is Not Acceptable)		
	. #503				-			
	E CANAVERAL FL 3 29 2	20						
0/1/		.•		84	City		E 85 Zip Code	
office or r	egistered agent, or bo h, in m familiar with, and accept	the State of Florida. S the obligations of, Se	Such change was ction 607.0505, F	authorized by Porida Statute	the corporations.	poration submits this statement for the purpion's board of cirectors. I hereby accept the	e appointment as registered	
	Signature, typed or printed na ne of r			13.	ent signature requir	ed when reinstating) ADDITI()NS/CHANGES TO OFFICE		
12.	T =	ICERS AND DIRECTO	DELETE	1.1 TITLE		ADDITIONS/GITAINGED TO GITTIGE	Change Addition	
NAME	D Gatchell, Frederic	CK E SB		1.2 NAME				
STREET ADDRESS 603 SHOREWOOD DR. #503				1	ET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL			1.4 CITY-				
TITLE	ON E ON WHEELE !	. 02020	☐ DELETE	2.1 TITLE	-		☐ Change ☐ Addition	
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREE	ET ADDRESS			
CITY-ST-ZIP				2.4 CITY-	ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME				32 NAME				
STREET ADDRESS				3.3 STRE	ET ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP -		Change Addition	
TITLE			☐ DELETE	4,1 TITLE			☐ Change ☐ Addition	
NAME				4. 2 NAME	1			
STREET ADDRE 3S					ET ADDRÉSS			
CITY-ST-ZIP	<u> </u>		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
TITLE				5.1 HILE.	l l			
NAME STREET ADDRESS				9	ET ADDRESS			
STREET ADDRE 3S				5.4 CITY-				
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			_	62 NAME				
STREET ADDRESS				6.3 STRE	ET ADDRESS			

6.4 CITY-ST-ZIP

14. I herebi/ 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 recuired 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 a light empowered.