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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000014009

MARINE MAINTENANCE, INC.

Principal Place of Business 10881 HOOFPRINT DR

Mailing Address

10881 HOOFPRINT DR JACKSONVILLE FL 32257

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90085 010 \*\*\*150.00



Suite, Apt. #, etc. 22   Suite, Apt. #, etc. 23   Suite, Apt. #, etc. 24   Suite, Apt. #, etc. 25   City & State 26   City & State 27   Country   Zip   Country   Zip   Country   Etc. This corporation was the current year internable   Added to Fees Required 28   Zip   Country   Zip   Country   Etc. This corporation was the current year internable   Personal Property Tax.   Jves   Added to Fees   26   State   Sta	County   State   Sta
2. Principal Place of Business 2. A. Maling Address 2. Sultio, Apt. #, etc. 3.	Applied For   South Applicable   South Added to Fees   Added to F
Suite, Apt. #, etc.   Status Desired   \$8.75 Additional Fee Required   \$8.00 May 8e   \$8.75 Additional   \$8.00 May 8e   \$8	Sulie, Apt. #, etc.    Sulie, Apt. #, etc.
Suite, Apt. #, etc. 22   Suite, Apt. #, etc. 23   Suite, Apt. #, etc. 24   Suite, Apt. #, etc. 25   City & State 26   City & State 27   Country   Zip   Country   Zip   Country   Etc. This corporation was the current year internable   Added to Fees Required 28   Zip   Country   Zip   Country   Etc. This corporation was the current year internable   Personal Property Tax.   Jves   Added to Fees   26   State   Sta	Suite, Apt. #, etc. 27   Suite, Apt. #, etc. 27   City & State   S. Certificate of Status Desired   Fee Required Fee Requi
22   27   28   28   29   30   29   30   30   30   30   30   30   30   3	S. Certificate of Status Desired   Fee Required
City & State    23	City & State    28
Zip   Country   Zip   Country   Zip   Country   St. This corporation owes the current year intangle   Zip   Country   St. This corporation owes the current year intangle   Zip	Trust Fund Contribution
21	Country Zip Country
25   29   30   Personal Property Tax.     Ves   Involved   Invol	29   30   Personal Property Tax.   Yes   No     and Address of Current Registered Agent   10. Name and Address of New Registered Agent     THY   L
9. Name and Address of Current Registered Agent  LEONARD, KATHY L 10881 HOOFPRINT DR JACKSONVILLE FL 32257  44 City FL 85 Zip Code  45 City FL 85 Zip Code  46 City FL 85 Zip Code  47 City FL 85 Zip Code  48 Zivert Address (P.O. Box Number is Not Acceptable)  48 Zivert Address (P.O. Box Number is Not Acceptable)  49 Zivert Address (P.O. Box Number is Not Acceptable)  40 Zivert Address (P.O. Box Number is Not Acceptable)  41 Zivert Address (P.O. Box Number is Not Acceptable)  43 Zivert Address (P.O. Box Number is Not Acceptable)  44 Zivert Address (P.O. Box Number is Not Acceptable)  45 Zivert Address (P.O. Box Number is Not Acceptable)  46 Zivert Address (P.O. Box Number is Not Acceptable)  47 Zivert Address (P.O. Box Number is Not Acceptable)  48 Zivert Address (P.O. Box Number is Not Acceptable)  48 Zivert Address (P.O. Box Number is Not Acceptable)  48 Zivert Address (P.O. Box Number is Not Acceptable)  48 Zivert Address (P.O. Box Number is Not Acceptable)  48 Zivert Address (P.O. Box Number is Not Acceptable)  48 Zivert Address (P.O. Box Number is Not Acceptable)  48 Zivert Address (P.O. Box Number is Not Acceptable)  49 Zivert Address (P.O. Box Number is Not Acceptable)  40 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box Number is Not Acceptable)  50 Zivert Address (P.O. Box	THY L RINT DR E FL 32257  83  44 City FL 85 Zip Code  15 Jin Lin Lin Lin Lin Lin Lin Lin Lin Lin L
LEONARD, KATHY L 10881 HOOFPRINT DR JACKSONVILLE FL 32257  82  83  84 City  FL  85 Zip Code  41: Pursuant to the provision of Sections 607-6002 and 607-1508-Forids Stateties. The above-mining tomoration submits this statement for the purpose of charging its registered agent, 1 am familiar with, and accept the obligations of, Section 607-6505, Florids Stateties.  SIGNATURE  Signature, typed or printed name of registered agent and tise if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DELONARD, KATHY L 12 MARE  STREET ADDRESS  CITY-ST-2P  11 TILE  DELETE  11 TILE  DELETE  11 TILE  12 NAME  12 STREET ADDRESS  CITY-ST-2P  13 TILE  14 TILE  15 STREET ADDRESS  CITY-ST-2P  14 CITY-ST-2P  15 Change  Addition  ACTIV-ST-2P  16 Change  Addition  Addition  ACTIV-ST-2P  TITLE  ACTIV-ST-2P  15 TITLE  ACTIV-ST-2P  16 Change  Addition  ACTIV-ST-2P  TITLE  ACTIV-ST-2P  16 TITLE  ACTIV-ST-2P  17 TITLE  ACTIV-ST-2P  18 City St-2P  Addition  Addition  ACTIV-ST-2P  Addition  ACTIV-ST-2P  TITLE  ACTIV-ST-2P  Addition  ACTIV-ST-2P  TITLE  ACTIV-ST-2P  ACTIV-ST-2P  TITLE  ACTIV-ST-2P  TITLE  ACTIV-ST-2P  TITLE  ACTIV-ST-2P  ACTIV-ST-2P  TITLE  ACTIV-ST-2P  TITLE  ACTIV-ST-2P  TITLE  ACTIV-ST-2P  ACTIV-ST-2P  TITLE  ACTIV-ST-2P  ACTIV-ST-2P  TITLE  ACTIV-ST-2P  ACTIV-ST-2P  TITLE  ACTIV-ST-2P	RINT DR E FL 32257  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL 85 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  86 Zip Code  87 Job Code  88 Zip Code  89 Zip Code  80 Zip Co
10.881 HOOFPRINT DR JACKSONVILLE FL 32257  11 Pursuant to the provisione of Sections 907-0502 and 607+1502-Florida' Statutes the above numeric corporation submits this statement for the provisione of sections 907-0502 and 607+1502-Florida' Statutes the above numeric corporation submits this statement for the purpose of privating its registered agent. I am familiar with, and accept the obligations of, Section 607-0505, Florida's Statutes  SIGNATURE Signature, hower or private numer of registered agent and tisk a spatiable.  NAME  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE 2.2 NAME 3.5 STREET ADDRESS CITY-ST-2P JACKSONVILLE FL 32257 LCTY-ST-2P JACKSONVILLE FL 32257 LCTY-ST-2P LCTY-ST	RINT DR E FL 32257  83  84 City FL 85 Zip Code  Siene-of-Sections-607-0502 and 607/4508; Florida-Statistes—the above-named corporation submits this statement for the purpose of changing its registered rith, and accept the obligations of, Section 607.0505, Florida Statutes  or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatating)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  1.1 TITLE  DELETE  1.1 TITLE  1.2 NAME  2.3 STREET ADDRESS  2.4 City-St-Zip  DELETE  3.1 TITLE  2.3 NAME  3.3 STREET ADDRESS  3.4 City  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition
10.881 HOOFPRINT DR JACKSONVILLE FL 32257  11 Pursuant to the provisione of Sections 907-0502 and 607+1502-Florida' Statutes the above numeric corporation submits this statement for the provisione of sections 907-0502 and 607+1502-Florida' Statutes the above numeric corporation submits this statement for the purpose of privating its registered agent. I am familiar with, and accept the obligations of, Section 607-0505, Florida's Statutes  SIGNATURE Signature, hower or private numer of registered agent and tisk a spatiable.  NAME  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE 2.2 NAME 3.5 STREET ADDRESS CITY-ST-2P JACKSONVILLE FL 32257 LCTY-ST-2P JACKSONVILLE FL 32257 LCTY-ST-2P LCTY-ST	RINT DR E FL 32257  83  84 City FL 85 Zip Code  Siene-of-Sections-607-0502 and 607/4508; Florida-Statistes—the above-named corporation submits this statement for the purpose of changing its registered rith, and accept the obligations of, Section 607.0505, Florida Statutes  or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatating)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  1.1 TITLE  DELETE  1.1 TITLE  1.2 NAME  2.3 STREET ADDRESS  2.4 City-St-Zip  DELETE  3.1 TITLE  2.3 NAME  3.3 STREET ADDRESS  3.4 City  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition
STREET ADDRESS   STRE	83  84 City FL 85 Zip Code  Siene of Sections 697-0502 and 697-1509; Florida-Statutes; the above-named corporation submits this statement for the purpose of changing its registered pent, 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 inth, and accept the obligations of, Section 607.0505, Florida Statutes.  307 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  DIRECTORS IN 12  Change Addition  12 NAME  23 STREET ADDRESS  14 CITY-ST-ZIP  DELETE  1.1 TITLE  Change Addition  Change Addition  DELETE  3.1 TITLE  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  DELETE  3.4 TITLE  Change Addition  Change Addition  Change Addition  Addition  Change Addition  Addition  Addition  Addition  DELETE  3.1 TITLE  Change Addition  Change Addition  Addition  Addition  Addition  Change Addition
State   City	Ball   City   FL   85   Zip Code
11:-Pursuant to the provisions of Sections 697-6502 and 697-1508-Floridal Statutes. The zero type 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, and familiar with, and accept the obligations of, Section 697-693, Floridal Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D	Journal of Sections 607-0502 and 607-1508; Florida Statutes. The above mand corporation submits this statement for the purpose of changing its registered pent, 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 rith, and accept the obligations of, Section 607.0505, Florida Statutes.    Or printed name of registered agent and title if applicable.
office or registered agent, or both, in the State of Florida, Such Change was authorized by all an analyses of the obligations of, section 607 5095, Florida Statutors.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  11. TITLE  LEONARD, KATHY L  10881 HOOFPRINT DR  13. STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32257  TITLE  DELETE  2.1 TITLE  2.2 AUME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 AUME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 STREET ADDRESS  CITY-ST-ZIP  Change  Addition  Add	pent, or both, in the State of Florida. Stict change was authorized by the corporations of directors. Thesely accept the obligations of, Section 607.0505, Florida Statutes.    OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
office or registered agent, or both, in the State of Florida, Such Change was authorized by all an analyses of the obligations of, section 607 5095, Florida Statutors.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  11. TITLE  LEONARD, KATHY L  10881 HOOFPRINT DR  13. STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32257  TITLE  DELETE  2.1 TITLE  2.2 AUME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 AUME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 STREET ADDRESS  CITY-ST-ZIP  Change  Addition  Add	pent, or both, in the State of Florida. Stict change was authorized by the corporations of directors. Thesely accept the obligations of, Section 607.0505, Florida Statutes.    OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Signature, typoid or printed name of registated agent and tille if applicable.   (NOTE: Registated agent a	OFFICERS AND DIRECTORS    13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Signature, typoid or printed name of registated agent and tille if applicable.   (NOTE: Registated agent a	OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    DELETE
TITLE	DELETE   2.1 fill   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   Change   Addition   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   Change   Addition   A.3 STREET ADDRESS   ASTREET ADDRESS   Addition
NAME   LEONARD, KATHY L   12   12   13   13   13   13   14   14   14   14	DELETE   2.1 fill   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   Change   Addition   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   Change   Addition   A.3 STREET ADDRESS   ASTREET ADDRESS   Addition
STREET ADDRESS   10881 HOOFPRINT DR	DELETE   2.1 fill   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   Change   Addition   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   Change   Addition   A.3 STREET ADDRESS   ASTREET ADDRESS   Addition
CITY-ST-ZIP	DELETE   2.1 fill   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   Change   Addition   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   Change   Addition   A.3 STREET ADDRESS   ASTREET ADDRESS   Addition
TITLE	DELETE   2.1 fill   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   Change   Addition   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   Change   Addition   A.3 STREET ADDRESS   ASTREET ADDRESS   Addition
NAME	DELETE   2.1 fill   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   Change   Addition   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   Change   Addition   A.3 STREET ADDRESS   ASTREET ADDRESS   Addition
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP     3.4 CITY-ST-ZIP	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  DELETE 3.1 TITLE
CITY-ST-ZIP	2.4 CITY-ST-ZIP  3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS
TITLE	DELETE   3.1 TITLE   Change   Addition     3.2 NAME     3.3 STREET ADDRESS     3.4 CITY-ST-ZIP   Change   Addition     DELETE   4.1 TITLE   Change   Addition     4.2 NAME     4.3 STREET ADDRESS
TITLE	3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS
STREET ADDRESS	3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS
STREET ADDRESS   3.3 STREET ADDRESS	3.4. CITY_ST-ZIP    DELETE
STREET ADDRESS   STRE	DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS
TITLE	DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS
NAME       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       4.4 CITY-ST-ZIP         TITLE       DELETE         NAME       5.2 NAME         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.4 CITY-ST-ZIP         TITLE       DELETE         NAME       6.1 TITLE         NAME       6.2 NAME	4.3 STREET ADDRESS
### STREET ADDRESS ### ### ### ### ### ### ### ### ###	
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         CITY-ST-ZIP         5.3 STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         CANAME         Change         Addition	AACITY, ST. 7IP
TITLE	
NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME	
STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME	
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         G.1 TITLE         Change         Addition           NAME         6.2 NAME         Addition	5.3 STREET ADDRESS
### DELETE   DELETE   Change   Addition   Ad	5.4 CITY-ST-ZIP
NAME 6.2 NAME	
NAME.	
6.3 STREET ADDRESS	
STREET ADDRESS  6.4 CITY, ST-7/P	

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.