

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90095 001 ***150.00

DOCUMENT # P96000015489

1. Corporation Name
GLOBAL MARINE SERVICES, INC.

Principal Place of Business
2085 TALLEYRAND AVENUE
BUILDING A
JACKSONVILLE FL 32206

Mailing Address
2085 TALLEYRAND AVENUE
BUILDING A
JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1996

4. FEI Number

59-3368021

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2085 TALLEYRAND AVE

Suite, Apt. #, etc.

22 BLDG B

City & State

23 JACKSONVILLE FL

Zip

24 32206

Country

25 US

2a. Mailing Address

26 PO BOX 41064

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE FL

Zip

29 32203

Country

30 W

9. Name and Address of Current Registered Agent

SPENCE, CARLTON H
1814 INDUSTRIAL BLVD
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SORDIAN, PHILIP	9780 CREEKSIDE ROAD	JACKSONVILLE FL 32256	<input checked="" type="checkbox"/>
D	SHARP, RICK	12029 WREN HOLLOW CT.	JACKSONVILLE FL 32246	<input checked="" type="checkbox"/>
D	SPENCE, CARLTON H	2625 WEST 5TH STREET	JACKSONVILLE FL 32254	<input type="checkbox"/>
DPST	SPENCE, JEFFREY C	2625 WEST 5TH STREET	JACKSONVILLE FL 32254	<input type="checkbox"/>
V	KELLOGG, LINDA	2085 TALLEYRAND AVENUE	JACKSONVILLE FL 32206	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99

904 786 8038

CR2E034 (1/98)

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