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FILED

Apr 02 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 # P96000017281 (2)

1. Corporation Name

GULF COAST MARINE SERVICE, INC.



Principal Place of Business

6404 THOMAS DR SUITE 8  
PANAMA CITY BEACH FL 32408

Mailing Address

6404 THOMAS DR SUITE 8  
PANAMA CITY BEACH FL 32408-6106

2. Principal Place of Business

21 2426 Magnolia Dr

Suite, Apt. #, etc.

22 City & State

23 Panama City Beach, FL

Zip

24 32408

Country

25 USA

2a. Mailing Address

26 2426 Magnolia Dr

Suite, Apt. #, etc.

27 City & State

28 Panama City Beach, FL

Zip

29 32408

Country

30 USA

9. Name and Address of Current Registered Agent

HICE, ROBERT L

~~6404 THOMAS DR SUITE 8~~ 2426 Magnolia Dr.  
PANAMA CITY BEACH FL 32408

3. Date Incorporated or Qualified

02/23/1996

3a. Date of Last Report

4. FEI Number

59-3363785

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



10. Name and Address of New Registered Agent

81 Name

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

83

84 City

HICE, ROBERT L.

2426 MAGNOLIA DR.

PANAMA CITY BEACH FL

85 Zip Code

32408

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)

3-28-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST  
NAME HICE, ROBERT L  
STREET ADDRESS ~~6404 THOMAS DR SUITE 8~~ 2426 Magnolia Dr.  
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

Robert L. Hice

3-28-97

CR2E034 (9/96)