

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

FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000039729 (4)

1. Corporation Name

MARINE RELIEF SERVICES, INC.

Principal Place of Business

5001 5TH AVE.  
KEY WEST FL 33040-S

Mailing Address

5001 5TH AVE.  
KEY WEST FL 33040-S



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1996

4. FEI Number

65-0669249

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 164 Cutthroat Dr.

Suite, Apt. #, etc.

22 Summerland Key, FL.

City & State

23

Zip

24 33042

Country

25 USA

2a. Mailing Address

26 164 Cutthroat Dr.

Suite, Apt. #, etc.

27 Summerland Key, FL.

City & State

28

Zip

29 33042

Country

30 U.S.A

9. Name and Address of Current Registered Agent

GORDON, JERRY L  
5001 5TH AVE.  
KEY WEST FL 33040

81 Name

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

83 164 Cutthroat Dr

84 City

85 Summerland Key, FL

Zip Code

86 33042

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 Jerry L Gordon  
Signature, typed or printed name of registered agent or officer, if applicable

Jerry L Gordon  
(NOTE: Registered Agent signature required when reinstating)

April 15, 1998  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME GORDON, JERRY L  
STREET ADDRESS 164 CUTTHROAT DR.  
CITY-ST-ZIP SUMMERLAND KEY FL 33042

TITLE ☐ DELETE

V  
NAME EDERHY, SHIRLEY  
STREET ADDRESS 287 AIRPORT DRIVE N  
CITY-ST-ZIP SUMMERLAND FL 33042

TITLE ☐ DELETE

ST  
NAME GORDON, SHARON  
STREET ADDRESS 164 CUTTHROAT DRIVE  
CITY-ST-ZIP SUMMERLAND KEY FL 33042

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

CR2E034 (10/97)