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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000041993 (2)

MARINE FUEL CLEANING, INC.

	e of Business	Mailing Address	Mailing Address  520 COMMERCE DRIVE PANAMA CITY BEACH FL 32408-7672				
520 COMMERC	DE DRIVE BEACH FL 32408						
PARIAMA CITT	DEMON PE SERVO	PARAMA GIT DESCR	1 FL 32400-7677	4	3. Date Incorporated or Qualified 05/10/1996	3a. Date of Las	t Report
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3377954		Not Applicabl
Suite, Apt :	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	5 Additional Required
City & State	9	City & State			6. Election Campaign Financing	<del></del>	00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Coun	itry	8. This corporation has liability for in	ntangible tax unde Yes 🔀 No	r s. 199.032,
24	25   9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes  10. Name and Address of New Rec		***
GAH	NES, MELVIN B	un nahararan ciani		81 Name	IV. Finite dist Frances of the con-	Alexanda Maria	
	COMMERCE DRIVE		ļ.	Ctract Add	(D.O. Double-bayle Nick Acceptable	# - \	
	VAMA CITY BEACH FL 32408		*	82 Street Add	fress (P.O. Box Number is Not Acceptable	le)	
I tw	MING OUT DEVOLUTE APIA		ŧ	83			
			-	84 City		lect 2	r - 0 - 4 -
				-   /		FL I	ip Code
11. Pursuant I	to the provisions of Sections 607.05	02 and 607 1508, Florida St	atutes, the abo	ove-named cor	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changin	g its registere
office or re agent if a	eg stered agent, or boin, in the Siat m fam⊪ar with, and accept the obl-	ie of Florida. Such change w gation <u>s</u> of, Section 607,0505	<i>r</i> as authorized 5. Florida Statu	by the corpora	dion's board of directors. I hereby accep	of the appointment	as registered
SIGNATURE	MELVIN B.	GAINES	and	M	Strange J	lam 13, 1	1997
	Signature: Typod or printed name of regis erect a	igent and trie if applicanit		Agent signature requ	red when reinstating)	DATE	
12.		ND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFIC	·	-
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NAME	GAINES, MELVIN B		1.2 NAM				
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORECTOR

MELVIN B. GAIN

NED 1/3

7 404 233-61

Daytime Phone i

**FILED** 

Jan 17 1997 8:00am

Secretary of State