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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077194 (4)

SEA TECH MARINE INT'I .. INC

Principal Place of Business	Mailing Address	

FILED Mar 16 1998 8:00am Secretary of State



l.					33 44 33 44 233 4 443 3 3444 3144 3 4 34
Principal Place	e of Business	Mailing Address		ı inderedde vin enirin diriri desiri baker	ODANS TRONG NGOOL SOUTH CONT. BILL TOOK
	reet south	230 15TH STREET SOUTH	1		
JACKSONVIL	LE BEACH FL 32250	JACKSONVILLE BEACH FL	. 32250	DO NOT MIDITE IN	THIS SOACE
Ĭ				DO NOT WRITE IN 3. Date incorporated or Qualified	THIS SPACE
				09/16/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3401572	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		S. Celtificate of Status Desireo	Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	26	h h	0	 This corporation owes or has paid the Personal Property Tax due June 30 	
1271	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Regis	·
W	HITE, CHRISTOPHER A ESQ		81 Name		
	O PATTERSON & GREEN, P.A.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	10 SOUTH THIRD STREET		GE GUIDEL AGUI	ress (r.o. Box Number is Not Acceptable)	
JA	CKSONVILLE BEACH FL 32250		83		
			84 City		85 Zip Code
			1 1		
11. Pursuant t	to the provisions of Sections 607,050	02 and 607.1508, Ftorida Statutes Fof Florida, Such change was au	, the above-named corp thorized by the corporal	poration submits this statement for the purp tion's board of directors. I hereby accept the	oose of changing its registered
agent. I ar	n familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes.	accept the second of the second secon	a appointment do regionarea
SIGNATURE					
12.	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE I ID DIRECTORS	Rogistered Agont signature requirements	red when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE DE AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO GITTOET	Change Addition
NAME	HOPKINS, THOMAS A	—	1.2 NAME		
STREET ADDRESS	230 15TH STREET SOUTH		1.3 STREET ADDRESS		18
CITY-ST-ZIP	JACKSONVILLE BEACH FL	32250	1,4 CITY+ST+ZIP		[8]
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	STAATS, PHILIP E		2:2 NAME		· 1
STREET ADDRESS	4408 ST. JOHNS AVENUE		2.3 STREET ADDRESS		ì
CITY-ST-ZIP	JACKSONVILLE FL 32210		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CiTY-ST-ZIP		☐ DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		□ nerent	4.1 TITLE		CT CHANGE CT VOORDON
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.3 STHEET ADDRESS		li i
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME		—	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DETELE	61 TIFLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		j.
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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.

PHILIP E. STAATS