PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083562

1. Corporation Name

FLEMING MARINE SERVICES, INC.

Principal Place of Business
1085 BALD EAGLE DR
UNIT A-503
MARCO ISLAND FL 34145

Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90003 024 ***150.00



Principal Place	of Business	Mailing Address							
1085 BALD EAG	LE DR	1085 BALD EAGLE DR							
UNIT A-503		UNIT A-503 MARCO ISLAND FL 34145				DO NOT WRITE IN THIS SPACE			
MARCO ISLAND	FL 34145								
						3. Date Incorporated or Qualifed	J		
						10/07/1996			
Principal Place of Business 2a. Mailing Address						4. FEI Number			plied For
21 491 A	Y, BARFIELD DZ.	26				65-0711864			t Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	· . 🗆 -	\$8.75 A	
22 APT	405	27						Fee Re	quirea
City & State		City & State				6. Election Campaign Financing		\$5.00	
23 MAR	CO. ISLAND, FL	28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip Country				8. This corporation owes the cu	rrent year Int		
24 3414	+5 25 GO USA	29 30	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent	8			10. Name and Address of New	Registered	Agent	
					lame				
KRAMER, FREDERICK C				82 Street Address (P.O. Box Number is Not Acceptable)					
950 N COLLIER BLVD				- -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SUITE 201			8	3					
MARCO ISLAND FL 34145			L	1				les Zin (Codo
					City		FL	85 Zip (
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abo	ve-n	amed corpo	pration submits this statement for the	e purpose of	changing its	registered
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	nonda. Such change was autr	a Statute	y ine Ss.	corporatio	it's board of directors. Thereby acce	the appoin	numerii as re	giotoroa
-	m tarrinar mar, and accept me obligant		-						Į
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.)					nature required	when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE					Change	Addition
NAME	FLEMING, PETER J		1.2 NAME	Ε		•			
STREET ADDRESS	1085 BALD EAGLE DR A-503		1.3 STRE	ET AD	DRESS	•			
CITY-ST-ZIP	MARCO ISLAND FL		1.4 C/TY-	1.4 CITY-ST-ZIP					-
TITLE		☐ DELETE		2.1 TITLE				Change	☐ Addition
NAME	22		2.2 NAME	-					1
			2.3 STRE		IDRESS		,		
STREET ADDRESS			2. 4 CITY-ST-ZIP		`	ا خان مشر	2		
CITY-ST-ZIP		☐ DELÉTE	3.1 TITLE		<u></u>			[] Change	Addition
TITLE			3.2 NAME					_ •	_
NAME			•						l l
STREET ADDRESS	ODRESS		3.3 STREET ADDRESS						ì
CITY-ST-ZIP		- Delete	3.4. CITY		UP .			Change	Addition
TITLE		☐ DELETE	4.1 TITLE					☐ Change	
NAME	,		4. 2 NAM	E.					
STREET ADDRESS			4.3 STRE	ETAD	ORESS				
CITY-ST-ZIP			4.4 CITY-	-ST-ZI	IP				
TITLE		☐ DELETE	5.1 TITLE	=	1			Change	Addition
NAME			5.2 NAME	E					
STREET ADDRESS			5.3 STRE	ET AD	DRESS				1
CITY-ST-ZIP			5.4 CfTY-	-ST-Z	IP				
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME	rije izana		6.2 NAME	E					
NAME	به به المراقب ا المراقب المراقب المراق		63 STRE	ET AD	IDRESS			•	

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, on on an attachment with the address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

eauired SIGNING OFFISER OR DIRECTOR

941-389-1532