


FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90081 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000020501

1. Corporation Name

SPECIALTY MARINE SERVICE OF NAPLES, INC.

Principal Place of Business

855 8TH STREET SOUTH
NAPLES FL 34102

Mailing Address

855 8TH STREET SOUTH
NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

59-3431471

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

KAREN L. DUROCHER, Sec. 5/4/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME DUROCHER, LEE A
STREET ADDRESS 855 8TH STREET SOUTH
CITY-ST-ZIP NAPLES FL 34102TITLE VSTO ☐ DELETENAME DUROCHER, JEFFREY T
STREET ADDRESS 855 8TH STREET SOUTH
CITY-ST-ZIP NAPLES FL 34102TITLE ☐ DELETENAME DUROCHER, KAREN
STREET ADDRESS 1670 Royal Cr
CITY-ST-ZIP Naples FL 34116TITLE ☐ DELETENAME DUROCHER, AMY
STREET ADDRESS 4470 20th Ave S.W.
CITY-ST-ZIP Naples FL 34116TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
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 1670 Royal Cr
1.4 CITY-ST-ZIP Naples FL 341162.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4470 20th Ave S.W.
2.4 CITY-ST-ZIP Naples FL 341163.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS 1670 Royal Cr
3.4 CITY-ST-ZIP Naples FL 341164.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS 4470 20th Ave S.W.
4.4 CITY-ST-ZIP Naples FL 341165.1 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, with all other like empowered.

SIGNATURE: *Lee A. Durocher* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 991-403-8331

Date Daytime Phone #