

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

FILED  
May 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Orth... Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000055280 (6)**  
1. Corporation Name  
**MARITIME TRANSPORT, INC.**



Principal Place of Business <b>5331 NEW KINGS ROAD JACKSONVILLE FL 32209</b>	Mailing Address <b>5331 NEW KINGS ROAD JACKSONVILLE FL 32209</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1750 E. DUVAR ST.</b> Suite, Apt. #, etc. 22 <b>Suite 102</b> City & State 23 <b>JACKSONVILLE, FL</b> Zip 24 <b>32206</b> 25 <b>DUVAL</b>		2a. Mailing Address 26 <b>P.O. Box 6682</b> Suite, Apt. #, etc. 27 City & State 28 <b>JACKSONVILLE, FL</b> Zip 29 <b>32236</b> 30 <b>DUVAL</b>		3. Date Incorporated or Qualified <b>06/23/1997</b>	4. FEI Number <b>59-3448058</b> 5 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BEAKES, O C 836 RIVERSIDE AVE JACKSONVILLE FL 32204</b>		10. Name and Address of New Registered Agent 81 Name <b>STACY K. FLOYD</b> 82 Street Address (P.O. Box Number is not Acceptable) <b>P.O. Box 6682, 1750 E. DUVAR</b> 83 <b>ST. Suite 102</b> 84 City <b>JAX</b> 85 Zip Code <b>FL 32202</b>	
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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 **STACY K. FLOYD** (NOTE: Registered Agent signature required in this section) DATE **4-08-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEAKES, O C 836 RIVERSIDE AVE. JACKSONVILLE FL 32204</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Pres. STACY K. FLOYD P.O. Box 6682 JACKSONVILLE, FL 32236</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Secretary P.O. Beakes 836 Riverside Ave Jacksonville, FL 32204</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE **STACY K. FLOYD** DATE **4-08-98**

CR2E034 (10/97)