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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04, 1999 8:00am

Secretary of State

02-04-1999 90013 036 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700082579 1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

HAWG MARINE TOWING & SERVICES CO.

Principal Place	of Business	Mailing Address				I BBILL' PELIT BBILL BELET	(8118 11881 81141 14	
8618 CRATER TERRACE 8618 CRATER TERRACE								
LAKE PARK FL 33403 LAKE PARK FL 33403					DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Q		SPACE	
	the second of the second					uameu ,		Í
	<u> </u>	1			09/24/1997 4. FEI Number		T Apr	lied For
2, Principal Pl	ace of Business	2a. Mailing Address			1			Applicable
21		26			65-0784193		\$8.75 A	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status De	sired 🗌	Fee Red	
22		27 City & State			6. Election Campaign Fin	ancing	\$5.00	May Be
City & State	3	⊢ ′			Trust Fund Contribution		Added to	
23	Country	Zip Zip	Cour	ntrv	8. This corporation owes		tangible	
Zip		29	30	,	Personal Property Tax.		☐Yes	□No
24	9. Name and Address of Current	<u> </u>	1301		10. Name and Address o		Agent	
		A CONTRACTOR OF THE PARTY OF TH		81 Name		· ·	•	
AME	RILAWYER CHARTERED	and the same of th			(D.O. D N N	Atable\	 	
13A3 343	ALMERIA AVENUE	S 00		82 Street Addr	ress (P.O. Box Number is Not	Acceptable)		
	AL GABLES FL 33134	•	ŀ	83	1000	180 (8) (8) (8)		111111
			ļ					94 (24 (14) 22 (14)
• `.			-	84 City	4.000 , 4.000 00	FL	85 Zip C	
garage constraints	to the provisions of Sections 607.0502	and 607 1508. Florida Statut	tes the at	ove-named com	poration submits this statement	for the purpose o	f changing its	registered
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	f Florida. Such change was a	uthorized	by the corporation	on's board of directors. I hereb	y accept the appo	intment as reg	jistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fig	mua Statt	ites.		: .		i
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signature require		DATE		
12.	OFFICERS AND				od when reinstating) { ′ . · · · ,	DATE		
TITLE			13.	- Gow advance raders	d when reinstating)? ((((())) ADDITIONS/CHANGES		ND DIRECTO	RS IN 12
	PD		13. 1.1 TIT		ADDITIONS/CHANGES		ND DIRECTOI	RS IN 12
NAME	PD DOAN ROBERT B	DIRECTORS		LE				RS IN 12
NAME	DOAN, ROBERT B	DIRECTORS	1.1 TIT 1.2 NA	LE	ADDITIONS/CHANGES			RS IN 12
STREET ADDRESS	DOAN, ROBERT B 8618 CRATER TERRACE	DIRECTORS	1.1 TIT 1.2 NA 1.3 ST	LE ME REET ADDRESS	ADDITIONS/CHANGES			RS IN 12
STREET ADDRESS	DOAN, ROBERT B 8618 CRATER TERRACE LAKE PARK FL 33403	DIRECTORS	1.1 TIT 1.2 NA 1.3 ST	LE ME REET ADDRESS Y-ST-ZIP	ADDITIONS/CHANGES			RS IN 12 Addition
STREET ADDRESS CITY-ST-ZIP TITLE	DOAN, ROBERT B 8618 CRATER TERRACE LAKE PARK FL 33403 VD	D DIRECTORS	1.1 TIT 1.2 NA 1.3 ST 1.4 CIT	LE ME REET ADDRESS Y-ST-ZIP LE	ADDITIONS/CHANGES		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	DOAN, ROBERT B 8618 CRATER TERRACE LAKE PARK FL 33403 VO CORBY, ROBERT E	D DIRECTORS	1.5 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA	LE ME REET ADDRESS Y-ST-ZIP LE	ADDITIONS/CHANGES		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DOAN, ROBERT B 8618 CRATER TERRACE LAKE PARK FL 33403 VD CORBY, ROBERT E 8618 CRATER TERRACE	D DIRECTORS DELETE	1.3 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	ADDITIONS/CHANGES		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOAN, ROBERT B 8618 CRATER TERRACE LAKE PARK FL 33403 VD CORBY, ROBERT E 8618 CRATER TERRACE LAKE PARK FL 33403	D DIRECTORS DELETE	1.3 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DOAN, ROBERT B 8618 CRATER TERRACE LAKE PARK FL 33403 VD CORBY, ROBERT E 8618 CRATER TERRACE LAKE PARK FL 33403 STD	D DIRECTORS DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	ADDITIONS/CHANGES		☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DOAN, ROBERT B 8618 CRATER TERRACE LAKE PARK FL 33403 VD CORBY, ROBERT E 8618 CRATER TERRACE LAKE PARK FL 33403 STD FOSTER GIRARD	D DIRECTORS DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CII 3.1 TII	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME	ADDITIONS/CHANGES		☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DOAN, ROBERT B 8618 CRATER TERRACE LAKE PARK FL 33403 VD CORBY, ROBERT E 8618 CRATER TERRACE LAKE PARK FL 33403 STD FOSTER, GIRARD 8618 CRATER TERRACE	D DIRECTORS DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CC 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS	ADDITIONS/CHANGES		☐ Change	Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOAN, ROBERT B 8618 CRATER TERRACE LAKE PARK FL 33403 VD CORBY, ROBERT E 8618 CRATER TERRACE LAKE PARK FL 33403 STD FOSTER GIRARD 8618 CRATER TERRACE LAKE PARK FL 33403	DELETE DELETE	1.1 TITI 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 N 4.3 ST 4.4 CI	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES	TO OFFICERS A	☐ Change☐ Cha	Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOAN, ROBERT B 8618 CRATER TERRACE LAKE PARK FL 33403 VD CORBY, ROBERT E 8618 CRATER TERRACE LAKE PARK FL 33403 STD FOSTER GIRARD 8618 CRATER TERRACE LAKE PARK FL 33403	DELETE DELETE	1.1 TITI 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 N 4.3 ST 4.4 CI 5.1 TIT 5.2 N	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE AME	ADDITIONS/CHANGES	TO OFFICERS A	☐ Change ☐ Change ☐ Change	Addition Addition Addition

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 chapters or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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☐ Change

☐ Addition