


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

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90023 002 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000101523</b>					
1. Corporation Name <b>SOUTHERN MARINE UNDERWRITERS, INC.</b>					
Principal Place of Business <b>5200 ROLAC ROAD JACKSONVILLE FL 32207</b>			Mailing Address <b>5200 ROLAC ROAD JACKSONVILLE FL 32207</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>2500 Rolac Road</b>		26 <b>2500 Rolac Road</b>		12/07/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3546823	
City & State		City & State		Applied For	
23 <b>Jacksonville, FL</b>		28 <b>Jacksonville, FL</b>		Not Applicable	
Zip		Zip		Country	
24 <b>32207</b>		29 <b>32207</b>		30 <b>USA</b>	
Country		Country		Country	
25 <b>USA</b>		30 <b>USA</b>		30 <b>USA</b>	
9. Name and Address of Current Registered Agent					
CRABTREE, R R 8375 DIX ELLIS TRAIL STE. 401 JACKSONVILLE FL 32256					
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City					
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 <b>Barney E. Mecon Jr.</b> DATE <b>4/25/99</b>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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: **Barney E. Mecon Jr.** DATE: **4/25/99** DAYTIME PHONE: **904 448-5459**

CR2E034 (11/98)