

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 PM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S01820

(7)

1. Corporation Name

DELTA MARINE SERVICES, INC.

Principal Place of Business

**8300 NW 80 ST
MEDLEY FL 33166
US**

Mailing Address

**8300 NW 80 ST
MEDLEY FL 33166
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0218600

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Zip Country

City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**SCHIANO, GERARD
3633 N.W. 110TH AVE.
CORAL SPRINGS FL 33065**

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 607.0506, Florida Statutes.

SIGNATURE

Gerard Schiano

(NOTE: Registered Agent signature required when nominating)

2/14/95

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHIANO, GERARD
STREET ADDRESS 3633 N.W. 110TH AVE.
CITY, ST, ZIP CORAL SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 TITLE ☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

39 TITLE ☐ Change ☐ Addition

40 NAME

41 STREET ADDRESS

42 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Gerard Schiano

President

2/14/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR