FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:32
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S70461 (6)

1. Corporation Name
INTERNATIONAL MARINE CRANE SERVICES, INC.

Principal Place of Business
475 TROUT RIVER DRIVE
JACKSONVILLE FL 32208
US

Mailing Address
P.O. BOX 26513
JACKSONVILLE FL 32226
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1991
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3083594 — Applied For / Not Applicable

2. Principal Place of Business
21 111-1 8th Ave. So.
22 Suite, Apt. #, etc.
23 City & State: Jacksonville Beach,Fla
24 Zip: 32250
25 Country: U.S.A

2a. Mailing Address
26 P.O.Box 26513
27 Suite, Apt. #, etc.
28 City & State: Florida, Jacksonville
29 Zip: 32226
30 Country: U.S.A

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

9. Name and Address of Current Registered Agent

BRYANT , TIMOTHY J.
475 TROUT RIVER DR.
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): Timothy Bryant
83 111-1 8th Ave. So.
84 City: Jacksonville Beach, FL
85 Zip Code: 32250

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: [signature] Timothy J. Bryant, President 5/1/95
(Signature, Typed or Printed Name of Registered Agent and Title if applicable) — Date

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BRYANT, TIMOTHY J
STREET ADDRESS	475 TROUT RIVER DR.
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	VS
NAME	BRYANT, SUZANNE D
STREET ADDRESS	475 TROUT RIVER DR.
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	VP
NAME	DAY, JOHN E
STREET ADDRESS	7510 BLOXHAM AVE.
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Delete	☒ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] Timothy J. Bryant, Pres. 5/1/95 904-270-0393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408520 FP