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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:01

DOCUMENT # S77888 (3)

1. Corporation Name
DIVERSIFIED MARINE CHARTERS, INC.

Principal Place of Business	Mailing Address
1201 N. 22ND ST TAMPA FL 33605 US	1201 N. 22ND ST TAMPA FL 33605 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/03/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-3114612 ☐ 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

9. Name and Address of Current Registered Agent

MCCORMICK, GERRY KYLE
~~1825 KNOX RD.~~
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1201 N. 22ND ST.
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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☑ Change ☐ Addition
NAME	MCCORMICK, GERRY J	12 NAME		
STREET ADDRESS	1825 KNOX ROAD	13 STREET ADDRESS	1201 N. 22ND ST.	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	33605	
TITLE	VD	21 TITLE		☑ Change ☐ Addition
NAME	COLLIER, ELISABETH A.	22 NAME		
STREET ADDRESS	~~1509 STORINGTON AVENUE~~	23 STREET ADDRESS	1201 N. 22ND ST	
CITY-ST-ZIP	~~BRANDON FL~~	24 CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	TD	31 TITLE		☑ Change ☐ Addition
NAME	MCCORMICK, MARY	32 NAME		
STREET ADDRESS	1825 KNOX ROAD	33 STREET ADDRESS	1201 N. 22ND ST.	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	33605	
TITLE	S	41 TITLE		☑ Change ☐ Addition
NAME	SMITH, TAMMY	42 NAME		
STREET ADDRESS	1825 KNOX RD.	43 STREET ADDRESS	1201 N. 22ND ST.	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	33605	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Elisabeth A. Collier ELISABETH A. COLLIER 1-12-95 (813) 248-3256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0201007 CP