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 May 01 1997 8:00am  
 Secretary of State

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

DOCUMENT # **S81236** (9)  
 1. Corporation Name  
**TROPIC MARINE CONSTRUCTION, INC.**



Principal Place of Business: **50 NE DIXIE HIGHWAY C-8 STUART FL 34994**  
 Mailing Address: **50 NE DIXIE HIGHWAY C-8 STUART FL 34994-1873**

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

3. Date Incorporated or Qualified: **09/18/1991**  
 3a. Date of Last Report: **05/01/1996**  
 4. FEI Number: **65-0289087** 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  
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**HARRIS, MATTHEW E.**  
**50 N.E. DIXIE HIGHWAY**  
**C-8**  
**STUART FL 34994**  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.06(1) 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 provisions of Section 607.06(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Name of Registered Agent must be printed in block letters)

12. OFFICERS AND DIRECTORS  
 TITLE: **D**  DELETE  
 NAME: **BARKER, DAVID M.**  
 STREET ADDRESS: **2308 PATIO CIRCLE**  
 CITY-ST-ZIP: **PT. ST. LUCIE FL**  
 TITLE: **D**  DELETE  
 NAME: **HARRIS, MATHEW E.**  
 STREET ADDRESS: **2309 SE GILLETTE AVE.**  
 CITY-ST-ZIP: **PT. ST. LUCIE FL**  
 TITLE: **S**  DELETE  
 NAME: **YOUNG, HERBERT A III**  
 STREET ADDRESS: **1854 SE MANDRAKE CIRCLE**  
 CITY-ST-ZIP: **PORT ST. LUCIE FL**  
 TITLE:  DELETE  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 TITLE:  DELETE  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE:  Change  Addition  
 1.2 NAME: \_\_\_\_\_  
 1.3 STREET ADDRESS: \_\_\_\_\_  
 1.4 CITY-ST-ZIP: \_\_\_\_\_  
 2.1 TITLE:  Change  Addition  
 2.2 NAME: \_\_\_\_\_  
 2.3 STREET ADDRESS: \_\_\_\_\_  
 2.4 CITY-ST-ZIP: \_\_\_\_\_  
 3.1 TITLE:  Change  Addition  
 3.2 NAME: \_\_\_\_\_  
 3.3 STREET ADDRESS: \_\_\_\_\_  
 3.4 CITY-ST-ZIP: \_\_\_\_\_  
 4.1 TITLE:  Change  Addition  
 4.2 NAME: \_\_\_\_\_  
 4.3 STREET ADDRESS: \_\_\_\_\_  
 4.4 CITY-ST-ZIP: \_\_\_\_\_  
 5.1 TITLE:  Change  Addition  
 5.2 NAME: \_\_\_\_\_  
 5.3 STREET ADDRESS: \_\_\_\_\_  
 5.4 CITY-ST-ZIP: \_\_\_\_\_  
 6.1 TITLE:  Change  Addition  
 6.2 NAME: \_\_\_\_\_  
 6.3 STREET ADDRESS: \_\_\_\_\_  
 6.4 CITY-ST-ZIP: \_\_\_\_\_

14. I do 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 included 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 director or an alternate listed with an address.

SIGNATURE: *Matthew E. Harris* 4/25/97 561-692-4154

CR2E034 (9/96)