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

**PROFIT** · CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S81595

(8)

COASTAL MARINE TOWING, INC. Mailing Address Principal Place of Business 937 BULKHEAD ROAD 937 BULKHEAD ROAD GREEN COVE SPRINGS FL 32043-8340 **GREEN COVE SPRINGS FL 32043** 3a. Date of Last Report 3. Date Incorporated or Qualified .04/10/1996 .09/20/1991 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 59-3084087 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Yes 🔲 No 25 30 Florida Statutes 29 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name SMITH, M. DENISE Street Address (P.O. Box Number is Not Acceptable) 937 BULKHEAD ROAD **GREEN COVE SPRINGS FL 32043** 83 Zip Code 84 City 65 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. Lara familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. Stipporture, type-dior pair two name of registered agent and title. I applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE Dist 1.2 NAME NAME SMITH, M. DENISE 1.3 STREET ADDRESS STREET ADDRESS 937 BULKHEAD ROAD 1.4 CITY-\$T-ZIP GREEN COVE SPRINGS FL OTY - \$1 - 26 Addition Change □ DELETE 2.1 TUTLE TIFLE 2.2 NAME NAM: 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP L TY-\$1-2# Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CiTY-ST-ZIP CITY ST-ZIP Change Addition DELETE 4.1 TITLE THEF 4, 2 NAME NAME SPREED ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 017Y - \$1 - 21F Change Addition DELETE 5.1 TITLE THE 5.2 NAME 445846 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP DIY-SI-73 Change Addition DELETE 6.1 TITLE THEF 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CELY - S1 - Z0P

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 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 direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name.