

..FILE-NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90079 037 ***158.75

DOCUMENT # V07159

1. Corporation Name
MARINE SERVICING CORPORATION

Principal Place of Business
POST OFFICE BOX 2411
TAMPA FL 33601-2411

Mailing Address
POST OFFICE BOX 2411
TAMPA FL 33601-2411



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1992

4. FEI Number
59-3109774

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, CYNTHIA J.
4314 S THATCHER AVE.
TAMPA FL 33611

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME FOSTER, CYNTHIA J.
STREET ADDRESS 4314 S THATCHER AVE.
CITY-ST-ZIP TAMPA FL

1.1 TITLE V ☒ Change ☐ Addition
1.2 NAME FOSTER, CYNTHIA J.
1.3 STREET ADDRESS 4314 S THATCHER AVE
1.4 CITY-ST-ZIP TAMPA FL 33611

TITLE D ☐ DELETE
NAME FOSTER, RICHARD WESLEY
STREET ADDRESS 4314 S THATCHER AVE
CITY-ST-ZIP TAMPA FL 33611

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME FOSTER, RICHARD WESLEY
2.3 STREET ADDRESS 4775 DISTRIBUTION DR
2.4 CITY-ST-ZIP TAMPA FL 33605

TITLE D ☐ DELETE
NAME FOSTER, CAMERON KELLY
STREET ADDRESS 3327 S MANHATTAN
CITY-ST-ZIP TAMPA FL 33629

3.1 TITLE T ☒ Change ☐ Addition
3.2 NAME FOSTER, CAMERON KELLY
3.3 STREET ADDRESS 4775 DISTRIBUTION DR
3.4 CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE P ☐ Change ☒ Addition
4.2 NAME FOSTER, M. R. STEPHEN, JR.
4.3 STREET ADDRESS 4314 S THATCHER AVE
4.4 CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE: Cynthia J. Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia J. Foster 4/26/99 (813)248-1495

Date

Daytime Phone #

00895980

CR2E034 (11/98)