

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V60843

(2)

1. Corporation Name

LILE MARINE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3654 KENT DR 3654 KENT DR
NAPLES FL 33963 NAPLES FL 33963

3. Date Incorporated or Qualified 08/31/1992 3a. Date of Last Report 03/03/1994

4. FEI Number 65-0365848 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, JOSEPH D.
801 LAUREL OAK DR
SUITE 705
NAPLES FL 33963

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 607.0902 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. Each change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

1. NAME PVS
LILE, PAUL N.
2. STREET ADDRESS 3654 KENT DR
3. CITY, STATE, ZIP NAPLES FL
4. NAME TD
LILE, PAUL N.
5. STREET ADDRESS 3654 KENT DR
6. CITY, STATE, ZIP NAPLES FL
7. NAME
8. STREET ADDRESS
9. CITY, STATE, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP
19. NAME
20. STREET ADDRESS
21. CITY, STATE, ZIP

1. NAME ☐ Change ☐ Addition
2. NAME ☐ Change ☐ Addition
3. NAME ☐ Change ☐ Addition
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19. NAME ☐ Change ☐ Addition
20. NAME ☐ Change ☐ Addition
21. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.071 and 119.072, Florida Statutes. I further certify that the information supplied 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 record or broker empowered to execute the report as required by Chapter 144, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or as an attachment with an address.

SIGNATURE:

Paul N. Lile

Paul N. Lile

4-26-95 813-434-8338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR