

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V60843** (2)

1. Corporation Name
LILE MARINE SERVICES, INC.

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



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

3. Date Incorporated or Organized	3a. Date of Last Report
08/31/1992	05/01/1995
4. FEI Number	Applied For
65-0365848	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangibles tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current 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
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation, its agent, the state agent 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, thereby, accept the appointment as registered agent, in a familiar way, and accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILE, PAUL N.	2. NAME	
STREET ADDRESS	3654 KENT DR	3. STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL	4. CITY-STATE-ZIP	
TITLE	TD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILE, PAUL N.	6. NAME	
STREET ADDRESS	3654 KENT DR	7. STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL	8. CITY-STATE-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied to this report was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 when a filer.

SIGNATURE: *Paul N. Lile*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96 941-434-8338

CR2E034 (12/95)