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Apr 09 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 # 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 34112-3738



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

08/31/1992

3a. Date of Last Report

04/12/1996

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 of 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, 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

1.1 TITLE ☐ DELETE

NAME
LILE, PAUL N.
STREET ADDRESS
3654 KENT DR
CITY-ST-ZIP
NAPLES FL

1.2 TITLE ☐ DELETE

NAME
LILE, PAUL N.
STREET ADDRESS
3654 KENT DR
CITY-ST-ZIP
NAPLES FL

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 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

500002138335
-04/09/97--01115--006
***165.00

14. I do hereby certify that the information supplied with this information indicated on this annual report or supplement I am an officer or director of the corporation or the record appears in Block 12 or Block 13 if changed, or on an

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

OFFICER OR DIRECTOR

Date

Daytime Phone #

0414882

CR2E034 (9/96)