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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name V60843 (2)LILE MARINE SERVICES, INC.

FILED Feb 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3654 KENT DR NAPLES FL 33963 9054 KENT DR NAPLES FL 33983 DO NOT WRITE IN THIS SPACE 4510 chantelle Dr. #203 3. Date incorporated or Qualified Naples, Fl. 34106 08/31/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 65-0365848 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζìp Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEWART, JOSEPH D. 801 LAUREL OAK DR Street Address (P.O. Box Number is Not Acceptable) SUITE 705 83 NAPLES FL 33963 84 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			
<u> </u>			e required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVS DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LILE, PAUL N.	1.2 NAME	
Street address	3654-KENT-DR 4510 Chanzelle Dr. #203	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL. 34106	1.4 CITY-ST-ZIP	
TITLE	TD □ DELETE	2,1 TITLE	Change Addition
NAME	LILE, PAUL N.	2.2 NAME	
STREET ADDRESS	3654 KENT DR 4510 Chambelle Dr. #203	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL, 34/06	2. 4 CITY - ST - ZIP	
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	,	4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - 97 - 71P		64 CITY-ST-7IP	\ \

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.

SIGNATURE