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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V65533

(4)

FOLSOM MARINE CONTRACTORS, INC.

| May 06 1997 8:00am<br>Secretary of State |
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| Frincipal Place of Business Mailing Address P.O. BOX 85 P.O. BOX 85 NOKOMIS FL 34274 NOKOMIS FL 34274-0085 |   |                      |                  |       |  | -{  |                                   |                       |                              |  |
|--|---|----------------------|------------------|-------|--|---|-----------------------------------|-----------------------|------------------------------|--|
|  |   |                      |                  |       |  | 3. Date Incorporated or Qualified 09/21/1992  |                                   | ite of Las<br>29/1996 |                              |  |
|  | 2. Principal Place of Business 2a. Mailing Address          |                      |                  |       |  | 4. FEI Number   | Applied For                       |                       |                              |  |
| 21 Suite. Ap   | 1 #. etc.   | Suite, Apt. #, etc.  | ·                |       | ······································ | 65-0358445  |                                   |                       | Not Applicable  5 Additional |  |
| 27   |   |                      |                  |       |  | Certificate of Status Desired   | red 58.75 Additional Fee Required |                       |                              |  |
| City & State City & State  |   |                      |                  |       |  | Election Campaign Financing     Touch Campaign Financing  | 9 \$5.00 May Be Added to Fees     |                       |                              |  |
| <b>23</b>  | Country   | Zip                  | <u></u>          |       |  | Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,   |                                   |                       |                              |  |
| 24   | 25  | 29                   |                  |       |  | Florida Statutes Yes No   |                                   |                       |                              |  |
|  | 9, Name and Address of Curre                                | ent Registered Agent |                  | 81    | Name                                   | 10. Name and Address of New R   | egistered .                       | Agent                 |                              |  |
|  | DEIROS, DANIEL A.<br>30 S TAMIAMI TR                        |                      |                  |       |  |   |                                   |                       |                              |  |
|  | RASOTA FL 34238   |                      |                  | 62    | Street Addre                           | ress (P.O. Box Number is Not Acceptable)  |                                   |                       |                              |  |
|  |   |                      | l                | 83    |  |   |                                   |                       |                              |  |
|  |   |                      | Ì                | 84    | City                                   | <del></del>   | FL                                | 85 Z                  | ip Code                      |  |
| SIGNATURE  | Signature, typed or printed name of registered a OFFICERS A | ND DIRECTORS         | 13.              |       | nt signature require                   | ed when reinstating) ADDITIONS/CHANGES TO OFFI  | DATE<br>CERS AND                  |                       |                              |  |
| TITLE  | PD SOLOGIA DIGULADO A                                       | ☐ DELETE             | 1.5 T(           |       |  |   |                                   | Chang                 | ge Addition                  |  |
| NAME<br>STREET ADORESS   | FOLSOM, RICHARD A. 635 CORAL DR                             |                      | 1.2 NA<br>1.3 ST |       | ADDRESS                                |   |                                   |                       |                              |  |
| CITY-ST-ZIP  | NOKOMIS FL  |                      | 1.4 CI           |       |  |   |                                   |                       |                              |  |
| TITLE  | VD  | ☐ DELETE             | 2 1 TII          |       | ļ                                      |   |                                   | Chang                 | ge Addition                  |  |
| NAME<br>STREET ADDRESS   | SOUPERON, ROBERT P O BOX 103 N/A                            |                      | 2.2 N/           |       | ADDRESS                                |   |                                   |                       |                              |  |
| CHY+ST-ZP  | PLYMOUTH NH   |                      | 1                |       | ST-ZIP                                 |   |                                   |                       |                              |  |
| THUE   | STD   | DELETE               | 3 1 TH           | TLE.  |  |   |                                   | Chang                 | ge Addition                  |  |
| NAM!   | FOLSOM, CHRISTINA P<br>s   635 CORAL DR                     |                      | 3.2 N/           |       | ADDRESS                                |   |                                   |                       |                              |  |
| STREET ADDRESS<br>CITY - ST - ZIP  | NOKOMIS FL  |                      | I -              |       | ADDRESS<br>ST-ZIP                      |   |                                   |                       |                              |  |
| TITLE  |   | ☐ DELETE             | 4.1 TI           |       |  | ·   | <del></del>                       | Chan                  | ge Addition                  |  |
| NAME   |   |                      | 4. 2 N           |       | İ                                      |   |                                   |                       |                              |  |
| STREET ADDRESS   | 5   |                      |                  |       | ADDRESS                                |   |                                   |                       |                              |  |
| CITY S1-ZIF  |   | DELETE               | 4.4 CI<br>5.1 TI |       | 1- ZIP                                 |   | <del></del>                       | Chan                  | e Addition                   |  |
| NAME   | Į   | <u> </u>             | 5.2 N/           |       | 1                                      |   |                                   |                       |                              |  |
| STREET ADDRESS   | 5   |                      |                  |       | ADDRESS                                |   |                                   |                       |                              |  |
| City - ST - Zif  |   |                      | 5.4 CI           | ITY-S | T-ZIP                                  |   |                                   |                       |                              |  |
| TITLE  |   | ☐ DELETE             | 6.1 TI           | TLE   |  |   |                                   | Chan                  | ge   Addition                |  |
| NAME   |   |                      | 6.2 N/           |       | 1                                      |   |                                   |                       |                              |  |
| SIRFET ADDRESS   | \$  |                      |                  |       | ADDRESS                                |   |                                   |                       |                              |  |
| CITY S1-7(P  | 1   |                      | 6.4 CI           | ITY-S | T-ZIP                                  | ( - 0 1 - 440 b 7/0 / C - 1 - 0 - |                                   |                       |                              |  |

I. I do 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 an an attachment with an address.

SIGNATURE:

STANATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A. FO/SOM 4-25-97 941-986-023)