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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000020139

1. Corporation Name

A-1 MARINE SERVICES, INC.

## Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90003 041 \*\*\*150.00



Principal Place	of Business	Mailing Address			T (0.0)/(0.0) (1.0) (0.0) (1.0) (0.0) (0.0) (0.0) (0.0) (0.0) (0.0) (0.0) (0.0) (0.0) (0.0)				
2628 NW 4TH PLACE		2628 NW 4TH PLACE							
CAPE CORAL FL 33903		CAPE CORAL FL 33903			DO NOT WEST IN THE SELECT				
/.		,			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed				
					03/02/1998			15-d C	
	ace of Business	2a. Mailing Address			4. FEI Number	1		lied For	
21 3923		26			65-084426			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	□ <b>⊅</b> '	<b>3.75</b> Ad Fee Red	I .	
22		City & State							
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	1 1	<b>5.00</b> N Added to	· .	
23 MATL		Zip Country					_	1 663	
Zip 24 339	93 [25] Country	<b>⊢</b>			This corporation owes the curre     Personal Property Tax.	int year intangle		□No	
24 331		1-4	$\vdash$ $\vdash$		10. Name and Address of New R				
	9. Name and Address of Current	Registered Agent	81	Name.	<u> </u>		-		
HACI	K, L. RANDALL				5Ame 1				
	S.E. 171H AVENUE	82 Street Add			ddress (P.O. Box Number is Not Acceptable)				
SUIT		83			· · · · · · · · · · · · · · · · · · ·				
	CORAL FL 33990							}	
(201)	L COMALTE 33330		84	City	-	FL 85	Zip C	ode	
9	`				مرائد من المنافع المنا	number of char	aina ite r	onietorod	
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 are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
agent. I a	familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.		1	-1 10	_	].	
SIGNATURE	Thomas huc	<u></u>	<u> </u>			3/6/9	<b>7</b>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi				signature requi	when reinstating) ADDITIONS/CHANGES TO OF	EICERS AND D	PECTO	2S IN 12	
12.	OFFICERS AND	DIRECTORS P DELETE	13. 1.1 TITLE	T 0			Change	Addition	
TITLE	D. THOMAS	C) DETELL	l	P	RESIDENT + YP.				
NAME	NUCCIO, THOMAS		1.2 NAME	†7	Thomas Nuccio				
STREET ADDRESS	2628 NW 4TH PLACE	•	1.3 STREET	\	SCARNW 4PL	2012		,	
CITY-ST-ZIP	CAPE CORAL PL 33903	DELETE	1.4 CITY-ST	-ZiP (		<u> 3903</u>	Change	Addition	
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NAME	NUCCIO, NUCCIO F		2.2 NAME		DARLEUC NUCCIO				
STREET ADDRESS	2628 NW 4TH PLACE	*	2.3 STREET	/		: 2000 a	-		
CITY-ST-ZIP	CAPE CORAL FL 33903	- Doubte	2. 4 CITY-S	r-ZIP .	TAPE CORAL HL.	<u>33903                                  </u>	Change	☐ Addition	
TITLE	•	☐ DEFELE	3.1 TITLE	]		ш	Ouguy 2		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET					Ì	
CITY-ST-ZIP			3.4. CITY-S	r-ziP			Chanco	☐ Addition	
TITLE		☐ DELETE	4.1 TITLE			Ц	Change	☐ Addition	
NAME			4, 2 NAME		•				
STREET ADDRESS	٠.		4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST	-ZIP					
πιτΕ		DELETE	5.1 TITLE			ū	Change	Addition	
NAME			5.2 NAME	<b>.</b>  .					
STREET ADDRESS			5.3 STREET	ADDRESS	•			{	
CITY-ST-ZIP			5.4 CITY-S1	-ZIP		_			
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS	•		6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST	-ZIP					

CITY-ST-ZIP 14. 1 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 is changed or on an attachment with an address, with all other like empowered.

SIGNATURE: