For	m 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1210-01 1210-00				
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employed						2018				
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA),		7(b) and 6058(a) of the	This Form is Open t					
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordan	ce with the instru	uctions to the Form 5	500-SF.	Public Inspection				
Part I		dentification Information									
For calenda	ar plan year 2018 or fisc	cal plan year beginning 01/01/20		Cala analasan ata		2/31/2018	the state of the second st				
A This ret	urn/report is for:	X a single-employer plan	list o				king this box must attach a vith the form instructions.)				
D This set	une la cart i c										
	urn/report is	the first return/report	the fir	nal return/report							
		onths)									
C Check b	box if filing under:	Form 5558	autor	matic extension		DFVC p	rogram				
		special extension (enter descri	ription)								
Part II	Basic Plan Infor	mation—enter all requested info	formation								
1a Name	•					1b Thre					
CENTRAL N	IARINE SERVICE, INC.	. 401(K) PROFIT SHARING PLAN	N AND TR	UST		(PN)	number 001				
						()	tive date of plan				
							05/20/2007				
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	D. Box)			-	Employer Identification Number (EIN) 59-3065744				
City or		, country, and ZIP or foreign posta		foreign, see instru	uctions)	2c Sponsor's telephone number					
							727-347-9700				
3535 TYRON	NE BLVD. NORTH					2d Business code (see instructions)					
	BURG, FL 33710						441222				
32 Dian of	dministrator's name and	d address 🛛 Same as Plan Spon	noor			3h Adm	inistrator's EIN				
Ja Fiali a			11501.								
						3c Administrator's telephone number					
		plan sponsor or the plan name ha				4b EIN					
•	an, enter the plan spon: or's name	sor's name, EIN, the plan name a	and the pla	in number from the	e last return/report.	4d PN					
C Plan N						TOTIN					
5a Total r	number of participants a	at the beginning of the plan year				5a	35	5			
		at the end of the plan year				5b	34	4			
	· ·	ccount balances as of the end of t		· •	•	5c	34	4			
d(1) Tota	al number of active part	icipants at the beginning of the pla	lan year			5d(1)	29	9			
• •		icipants at the end of the plan yea				5d(2)	29	.9			
		erminated employment during the				5e	(0			
Caution: A	penalty for the late of	r incomplete filing of this return	n/report w	vill be assessed u	unless reasonable ca	use is esta	blished.				
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a oto									
SIGN		alid electronic signature.	WILLIAM GEIGER								
HERE	Signature of plan ad	C C		7/15/2019 Pate		ual signing	as plan administrator				
SIGN						er name of individual signing as plan administrato					
HERE	Signature of employ	er/nlan sponsor		ate	Enter name of individ	dual signing as amployer or plan apapage					
L		erplan sponsor				dividual signing as employer or plan sponsor					

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and conditio	dent qualified public accountant (IQPA	A)
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the			
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	817336	902347
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	817336	902347
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	57317	
	(2) Participants	8a(2)	78033	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-28820	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		106530
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	17903	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	3616	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		21519
i	Net income (loss) (subtract line 8h from line 8c)	8i		85011
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2T $$ 3D	feature cod	es from the List of Plan Characteristic	c Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Characteristic	Codes in the instructions:

ган					
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		150000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	X		4510
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		59303
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Emp					
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					
Department of Labor Employee Benefits Security Administra	Income Security Act of 1974						
Pension Benefit Guaranty Corporat	on Complete all entries in	accordance with the instruct	ions to the Form 55	Public Inspection 5500-SF.			
	ort Identification Information		and ending	12/3	1/2018		
For calendar plan year 2018	_	01/01/2018 a multiple-employer plan (
A This return/report is for:	X a single-employer plan ☐ a one-participant plan	list of participating emplo	yer information in ac	cordance wit	th the form instructions.)		
B This return/report is	the first return/report	the final return/report					
	an amended return/report	a short plan year return/re	port (less than 12 m	onths)			
C Check box if filing under:					ogram		
Check box in hing under.	Form 5558	automatic extension			ogram		
Dent II Denis Dian I	special extension (enter des						
Part II Basic Plan	nformation—enter all requested i	normation		1b Three	-digit (
· (A · · · · · · · · · · · · · · · · · ·	SERVICE, INC. 401(K)	PROFIT SHARING PLAN	AND TRUST	plan n	number		
11.				(PN)	the second se		
					ive date of plan 20/2007		
	nployer, if for a single-employer plan) room, apt., suite no. and street, or P				byer Identification Number 59-3065744		
	vince, country, and ZIP or foreign pos	stal code (if foreign, see instruct	ions)	the second second	sor's telephone number		
CENTRAL MARINE	SERVICE, INC.				-347-9700		
3535 TYRONE BL	/D. NORTH			2d Busin	ess code (see instructions)		
ST. PETERSBURG	FL 337	710		4412	222		
3a Plan administrator's nar	e and address 🛛 Same as Plan Sp	onsor.			histrator's EIN		
					2		
- 1				3c Admir	histrator's telephone numbe		
15							
			.1				
	of the plan sponsor or the plan name			4b EIN	11 2		
this plan, enter the plan a Sponsor's name	sponsor's name, EIN, the plan name	and the plan number from the l	ast return/report.	4d PN			
C Plan Name							
5a Total number of particir	ants at the beginning of the plan year			5a			
	ants at the end of the plan year			5b			
and the second se	with account balances as of the end of						
		and prairing and (army addition of	CONTRACTOR AND A CONTRACTOR AND A CONTRACTOR OF A	5c			
the second s							
complete this item)	e participants at the beginning of the			5d(1)			
complete this item) d(1) Total number of activ d(2) Total number of activ	e participants at the beginning of the e participants at the end of the plan y	plan year		5d(1) 5d(2)			
complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants	e participants at the beginning of the e participants at the end of the plan y who terminated employment during t	plan year /ear the plan year with accrued bene	fits that were less				
complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested	e participants at the beginning of the e participants at the end of the plan y	plan year /ear the plan year with accrued bene	fits that were less	5d(2) 5e			
complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested Caution: A penalty for the Under penalties of perjury at SB or Schedule MB completed	e participants at the beginning of the e participants at the end of the plan y who terminated employment during t ate or incomplete filing of this retu- d other penalties set forth in the instr ed and signed by amencolled actuary	plan year the plan year with accrued bene urn/report will be assessed un ructions, I declare that I have ex	fits that were less less reasonable ca amined this return/re	5d(2) 5e use is estab	lished. ng, if applicable, a Schedule		
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complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested Caution: A penalty for the Under penalties of perjury at SB or Schedule MB complet belief, it is true, correct, and SIGN HERE Signature of p	e participants at the beginning of the e participants at the end of the plan y who terminated employment during t ate or incomplete filing of this retu d other penalties set forth in the instr ed and signed by amenrolled actuary simplete.	plan year /ear the plan year with accrued bene urn/report will be assessed un ructions, I declare that I have ex a swell as the electronic version Jate B Date B	fits that were less less reasonable car amined this return/re n of this return/repor ESSICA TAYLO Enter name of individ ILLIAM GEIGE	5d(2) 5e port, includir t, and to the R ual signing a	blished. ng, if applicable, a Schedule best of my knowledge and as plan administrator as employer or plan sponso Form 5500-SF (201		
complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested Caution: A penalty for the Under penalties of perjury at SB or Schedule MB complet belief, it is true, correct, and SIGN HERE Signature of p	e participants at the beginning of the e participants at the end of the plan y who terminated employment during t ate or incomplete filing of this retu d other penalties set forth in the instr ed and signed by amenrolled actuary simplete.	plan year /ear the plan year with accrued bene urn/report will be assessed un ructions, I declare that I have ex a swell as the electronic version Jate B Date B	fits that were less less reasonable car amined this return/re n of this return/repor ESSICA TAYLO Enter name of individ ILLIAM GEIGE	5d(2) 5e port, includir t, and to the R ual signing a	blished. ng, if applicable, a Schedul best of my knowledge and as plan administrator as employer or plan sponso Form 5500-SF (201		
complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants than 100% vested Caution: A penalty for the Under penalties of perjury at SB or Schedule MB complet belief, it is true, correct, and SIGN HERE Signature of p	e participants at the beginning of the e participants at the end of the plan y who terminated employment during t ate or incomplete filing of this retu d other penalties set forth in the instr ed and signed by amenrolled actuary simplete.	plan year /ear the plan year with accrued bene urn/report will be assessed un ructions, I declare that I have ex a swell as the electronic version Jate B Date B	fits that were less less reasonable car amined this return/re n of this return/repor ESSICA TAYLO Enter name of individ ILLIAM GEIGE	5d(2) 5e port, includir t, and to the R ual signing a	blished. ng, if applicable, a Schedul best of my knowledge and as plan administrator as employer or plan sponso Form 5500-SF (201		

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e la	Form 5500-SF (2018)		Faye Z	-						-
i.				-				X	Voc L	No
6a	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of	ole assets? (S	see instructions.)	ccount	ant (IQ	PA)		A	Yes	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ns.)					X	Yes [] No
	If you answered "No" to either line 6a or line 6b, the plan can							_		事
c	If the plan is a defined benefit plan, is it covered under the PBGC i					Yes	s [] No	Not Not	determ	ined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC prei	mium filing for this pl	an year				. (See ir	structio	ons.)
Pa	rt III Financial Information			in the second				-	1	
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	of Year	a	
a	Total plan assets	. 7a	6 19 18 1 1	817,	336				902	,347
b	Total plan liabilities	. 7b	115			21-2-				1
С	Net plan assets (subtract line 7b from line 7a)	. 7c		817,	336				902	,347
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	T		(b) 1	Total	ê Hişt	
63	Contributions received or receivable from: (1) Employers	. 8a(1)		57,	317					10
1	(2) Participants	and the second sec		78,	033					5
	(3) Others (including rollovers)	. 8a(3)		132.01						
b	Other income (loss)			-28,	820	ha Stat	Himself	C. C. Landa		fet
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			inter III Operation		10.00	1000	106	,530
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	1.1		17,903						11
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f		3,	616	516				
g	Other expenses	. 8g			COMPANY OF THE OWNER				C. Inter	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	1015				1912 3			21	,519
1	Net income (loss) (subtract line 8h from line 8c)		Comp		de livin-	14. C			85	,011
el.	Transfers to (from) the plan (see instructions)	- 8j							ANAL S	1.5
Pa	rt IV Plan Characteristics	1 9 1	14000	22.2				NAME AND ADDRESS OF THE	1002230.0HB	
9a		n feature code	es from the List of PI	an Cha	racteri	stic Codes	in the ins	tructions		
E a l	2E 2F 2G 2J 2T 3D								11	محمد المراقي
b	If the plan provides welfare benefits, enter the applicable welfare	feature codes	s from the List of Pla	n Chara	acterist	tic Codes in	n the instr	uctions:		100 C
Pa	rt V Compliance Questions		A A A A A A A A A A A A A A A A A A A						2.01	4
10	During the plan year:	and Cameron in		-	Yes	No		Amount		1
	Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fid	uciary Correction	10a		x				1
1	 Were there any nonexempt transactions with any party-in-interes reported on line 10a.) 	st? (Do not inc	clude transactions	de transactions					E	
1	Was the plan covered by a fidelity bond?			10c	х		. 50 -	1. A.	150	,000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x	151			· · ·
	Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See instructions.).	ther persons i me or all of th	by an insurance e benefits under	10e	x		1 1 1 2 1		4	,510
f	Has the plan failed to provide any benefit when due under the pl			10f		X		P. C	1000	133

х

Х

10g

10h

10i

59,303

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3

Form 5500-SF (2018)

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10 1				and the second
Part	VI Pension Funding Compliance			51 M
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s ERISA?			Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	s and enter th	he date of the	letter ruling
400	granting the waiver	Day		ear
also page		12b		
11 13	Enter the minimum required contribution for this plan year	120		1.12
	Enter the amount contributed by the employer to the plan for this plan year	12d		- 1.1. 200
5	negative amount)		Yes N	0 🗌 N/A
Part	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	······		1.10
COLUMN A DESCRIPTION			Yes 2	No
158	Has a resolution to terminate the plan been adopted in any plan year?		res 2	g NO
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde control of the PBGC?		Ye	es 🛛 No
C				1 7 - 1939
	13c(1) Name of plan(s):	13c(2) EIN(s)	1	3c(3) PN(s)
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