

- Date Stamped Copy Returned
- No self addressed stamped envelope
- No copy to return

Fill in this information to identify the case:

Debtor 1 Gulf World MARINE Park INC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of Delaware

Case number 25-10623

Official Form 410
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? AIRGAS USA LLC
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>AIRGAS USA LLC</u> Name <u>2015 Laughlin rd Suite 400</u> Number Street <u>Kennesaw GA 30144</u> City State ZIP Code <u>678 903-7784</u> Contact phone <u>Keith.Fisher@AIRGAS.com</u> Contact email	<u>Same as</u> Name Number Street City State ZIP Code Contact phone Contact email

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Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
 MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing? _____



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 4168

7. How much is the claim? \$ 4,756.21. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
Rent, Loss of use

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

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12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

5/27/2025
MM DD YYYY


Signature

Print the name of the person who is completing and signing this claim:

Name Keith Fisher
First name Middle name Last name

Title Bankruptcy Specialist

Company ANGUS USA LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2015 Vaughn rd NW Suite 400
Number Street

Kennesaw GA 30144
City State ZIP Code

Contact phone 404-788-903 Email Keith.Fisher@Angus.com

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MAY 28 2025

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AIRGAS USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
11/30/2024	1334168	5512662714	12/30/2024	\$ 493.47

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850-769-2121

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO GULF WORLD MARINE PARK INC
MICHELLE BROOKS SCHISA DVM
15412 FRONT BEACH RD
PANAMA CITY BEACH FL 32413-2502

AIRGAS USA, LLC
PO BOX 734672
DALLAS TX 75373-4672

13341681551266271400000493475

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.	TERMS					
5512662714	1334168	1334168	11/30/2024	RENT	NET 30					
MATERIAL / DESCRIPTION DOCUMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMLG-AI - Rent Cyl Med Large Air	2	0	0	0	2	0	2	60	\$0.4255/DAY	\$25.53 N
RRCYLMLG-OX - Rent Cyl Med Large Oxygen	27	0	0	0	27	0	27	810	\$0.4255/DAY	\$344.66 N
RRCYLMXS-OX - Rent Cyl Med Xs Oxygen	13	0	0	0	13	0	13	390	\$0.3161/DAY	\$123.28 N
										\$493.47

Rental Period
From: 11/01/2024 To: 11/30/2024

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT	\$ 493.47
--------	-----------

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 550372244
JPMC Bank, ABA No 021000021
ww-global-remits@airgas.com



AIRGAS USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 1334168 PS3 ---
GULF WORLD MARINE PARK INC
MICHELLE BROOKS SCHISA DVM
15412 FRONT BEACH RD
PANAMA CITY BEACH FL 32413-2502

FOR CHANGE Email: sdiv_adrss@airgas.com
OF ADDRESS Phone: 678-903-7716



AIRGAS USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
12/31/2024	1334168	5513354303	01/30/2025	\$ 509.91

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13341681551335430300000509919

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INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.						TERMS
5513354303	1334168	1334168	12/31/2024	RENT						NET 30
MATERIAL / DESCRIPTION DOCUMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMLG-AI - Rent Cyl Med Large Air	2	0	0	0	2	0	2	62	\$0.4255/DAY	\$26.38 N
RRCYLMLG-OX - Rent Cyl Med Large Oxygen	27	0	0	0	27	0	27	837	\$0.4255/DAY	\$356.14 N
RRCYLMXS-OX - Rent Cyl Med Xs Oxygen	13	0	0	0	13	0	13	403	\$0.3161/DAY	\$127.39 N
=====										
	42	0	0	0	42					\$509.91
=====										

Rental Period
From: 12/01/2024 To: 12/31/2024

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AMOUNT	\$ 509.91
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ww-global-remits@airgas.com



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MICHELLE BROOKS SCHISA DVM
15412 FRONT BEACH RD
PANAMA CITY BEACH FL 32413-2502

FOR CHANGE Email: sdiv_adrss@airgas.com
OF ADDRESS Phone: 678-903-7716



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CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
01/31/2025	1334168	5514074368	03/02/2025	\$ 509.91

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13341681551407436800000509910

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INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.	TERMS					
5514074368	1334168	1334168	01/31/2025	RENT	NET 30					
MATERIAL / DESCRIPTION DOCUMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMLG-AI - Rent Cyl Med Large Air 2	0	0	0	0	2	0	2	62	\$0.4255/DAY	\$26.38 N
RRCYLMLG-OX - Rent Cyl Med Large Oxygen 27	0	0	0	0	27	0	27	837	\$0.4255/DAY	\$356.14 N
RRCYLMXS-OX - Rent Cyl Med Xs Oxygen 13	0	0	0	0	13	0	13	403	\$0.3161/DAY	\$127.39 N
										=====
										42 0 0 0 42 \$509.91
										=====

Rental Period
From: 01/01/2025 To: 01/31/2025

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AMOUNT	\$ 509.91
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OF ADDRESS Phone: 678-903-7716



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CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
02/28/2025	1334168	5514770230	03/30/2025	\$ 460.57

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13341681551477023000000460574

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INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.	TERMS					
5514770230	1334168	1334168	02/28/2025	RENT	NET 30					
MATERIAL / DESCRIPTION DOCUMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMLG-AI - Rent Cyl Med Large Air 2	0	0	0	0	2	0	2	56	\$0.4255/DAY	\$23.83 N
RRCYLMLG-OX - Rent Cyl Med Large Oxygen 27	0	0	0	0	27	0	27	756	\$0.4255/DAY	\$321.68 N
RRCYLMXS-OX - Rent Cyl Med Xs Oxygen 13	0	0	0	0	13	0	13	364	\$0.3161/DAY	\$115.06 N
	42	0	0	0	42					\$460.57

Rental Period
From: 02/01/2025 To: 02/28/2025

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT	\$ 460.57
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FOR WIRE TRANSFER PAYMENTS

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PANAMA CITY BEACH FL 32413-2502

FOR CHANGE Email: sdiv_adrss@airgas.com
OF ADDRESS Phone: 678-903-7716



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Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
03/31/2025	1334168	5515473378	04/30/2025	\$ 509.91

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13341681551547337800000509914

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INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.	TERMS					
5515473378	1334168	1334168	03/31/2025	RENT	NET 30					
MATERIAL / DESCRIPTION DOCUMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYMLG-AI - Rent Cyl Med Large Air 2	0	0	0	0	2	0	2	62	\$0.4255/DAY	\$26.38 N
RRCYMLG-OX - Rent Cyl Med Large Oxygen 27	0	0	0	0	27	0	27	837	\$0.4255/DAY	\$356.14 N
RRCYLMXS-OX - Rent Cyl Med Xs Oxygen 13	0	0	0	0	13	0	13	403	\$0.3161/DAY	\$127.39 N
										=====
										42 0 0 0 42 \$509.91
										=====

Rental Period
From: 03/01/2025 To: 03/31/2025

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT	\$ 509.91
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JPMC Bank, ABA No 021000021
ww-global-remits@airgas.com



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SHIP TO: 1334168 PS3 --- ---
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FOR CHANGE Email: sdiv_adrss@airgas.com
OF ADDRESS Phone: 678-903-7716



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CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
04/30/2025	1334168	5516167063	05/30/2025	\$ 6.06

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13341681551616706300000006065

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INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.	TERMS					
5516167063	1334168	1334168	04/30/2025	RENT	NET 30					
MATERIAL / DESCRIPTION DOCUMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLILG-OX - Rent Cyl Ind Large Oxygen	0	0	0	0	0	0	0	0	\$1.366/DAY	
RRCYMLG-AI - Rent Cyl Med Large Air	2	0	1	-1	0	0	0	1	\$0.4255/DAY	\$0.43 N
RRCYMLG-OX - Rent Cyl Med Large Oxygen	27	0	11	-16	0	0	0	11	\$0.4255/DAY	\$4.68 N
RRCYLMXS-OX - Rent Cyl Med Xs Oxygen	13	0	3	-10	0	0	0	3	\$0.3161/DAY	\$0.95 N
=====										
	42	0	15	-27	0					\$6.06
=====										

Rental Period
From: 04/01/2025 To: 04/30/2025

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 6.06

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Acct No. 550372244
JPMC Bank, ABA No 021000021
ww-global-remits@airgas.com



AIRGAS USA, LLC
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SHIP TO: 1334168 PS3 --- ---
GULF WORLD MARINE PARK INC DNU
MICHELLE BROOKS SCHISA DVM
15412 FRONT BEACH RD
PANAMA CITY BEACH FL 32413-2502

FOR CHANGE Email: sdiv_adrss@airgas.com
OF ADDRESS Phone: 678-903-7716



AIRGAS USA, LLC
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Marietta, GA 30065-2249

DEBIT MEMO

06

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
04/24/2025	1334168	9801112716	05/24/2025	\$ 2,266.38

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MICHELLE BROOKS SCHISA DVM
15412 FRONT BEACH RD
PANAMA CITY BEACH FL 32413-2502

AIRGAS USA, LLC
PO BOX 734672
DALLAS TX 75373-4672

13341681980111271600002266387

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ORDER NO.	INVOICE NO.	INVOICE DATE	SOLD TO NO.	SOLD TO NAME					
7118030219	9801112716	04/24/2025	1334168	GULF WORLD MARINE PARK INC DNU					
PO/RELEASE	ORDERED BY	SHIP VIA	PAYMENT TERMS	ORDER DATE					
LOSS OF USE			NET 30	04/24/2025					
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	QTY SHIP'D	UOM	QTY B/O	CYLINDER SHP'D	RET'D	UNIT PRICE	UOM	AMOUNT
7118030219 CYL OXYGEN USP MEDICAL PURE LOSS OF USE	CY-OX USP200	5	CL	540			419.10	CL	2,095.50 N
7118030219 CYL OXYGEN USP MEDICAL PURE EA LOSS OF USE	CY-OX USPEA	2	CL	870			85.44	CL	170.88 N
Sale subtotal:									2,266.38



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SHIP TO: 1334168 PS3 ---
GULF WORLD MARINE PARK INC DNU
MICHELLE BROOKS SCHISA DVM
15412 FRONT BEACH RD
PANAMA CITY BEACH FL 32413-2502

AMOUNT	2,266.38
--------	----------

FOR WIRE TRANSFER PAYMENTS

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