

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701362 (6)
1. Corporation Name
RICHEY MARINE TRAINING AND RESCUE GROUP, INC.



Principal Place of Business
3920 MARINE PARKWAY
NEWPORT RICHEY FL 34652

Mailing Address
3920 MARINE PARKWAY
NEWPORT RICHEY FL 34652

3. Date Incorporated or Qualified
08/25/1960

3a. Date of Last Report
03/02/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2040641	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

COMBS, JOHN W.
6681 CATALPA DRIVE
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name
COVE, RICHARD J.
82 Street Address (P.O. Box Number is Not Acceptable)
6311 BAYSIDE DRIVE
83
84 City
N PORT RICHEY FL 85 Zip Code
34652

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Richard Cove Richard Cove President DATE 5/20/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COMBS, JOHN W.	
STREET ADDRESS	6681 CATALPA DRIVE	
CITY - ST - ZIP	N. PORT RICHEY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COVE, RICHARD J.	
STREET ADDRESS	6311 BAYSIDE DRIVE	
CITY - ST - ZIP	N. PORT RICHEY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WITT, CLAUDE E.	
STREET ADDRESS	4908 BLUE HERON DRIVE	
CITY - ST - ZIP	N PORT RICHEY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WITT, LETTIE D.	
STREET ADDRESS	4908 BLUE HERON DRIVE	
CITY - ST - ZIP	N PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

11 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	SALVATORE SAPONITO	
33 STREET ADDRESS	5001 MARLIN DR	
34 CITY - ST - ZIP	N PORT RICHEY FL 34652	
41 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	WALTER MC CAIN	
43 STREET ADDRESS	11516 DURYEA AVE	
44 CITY - ST - ZIP	PORT RICHEY FL 34668	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	300001841883	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-05/29/96--01018--018	
63 STREET ADDRESS	***61.25	
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John W. Combs John W. COMBS PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-18-96

Daytime Phone #

(813) 372-8152

CR2E037 (12/95)