

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mothman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000074384 (6)**

1. Corporation Name
C & J MARINE, INC.



Principal Place of Business: **600 SAILBOAT DRIVE NICEVILLE FL 32578**
Mailing Address: **600 SAILBOAT DRIVE NICEVILLE FL 32578**

3. Date Incorporated or Qualified: **10/07/1994** 3a. Date of Last Report: **01/19/1995**
4. FEET Number: **59-3270378** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, KARL M
600 SAILBOAT DRIVE
NICEVILLE FL 32578**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2. NAME: PST JONES, KARL M.	2. NAME:		
3. STREET ADDRESS: 600 SAILBOAT DR.	3. STREET ADDRESS:		
4. CITY, ST, ZIP: NICEVILLE FL	4. CITY, ST, ZIP:		
5. TITLE: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6. NAME: V CRIST, RICHARD A.	6. NAME:		
7. STREET ADDRESS: 415 EVANS ROAD	7. STREET ADDRESS:		
8. CITY, ST, ZIP: NICEVILLE FL	8. CITY, ST, ZIP:		
9. TITLE: <input type="checkbox"/> DELETE	9.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
10. NAME:	10. NAME:		
11. STREET ADDRESS:	11. STREET ADDRESS:		
12. CITY, ST, ZIP:	12. CITY, ST, ZIP:		
13. TITLE: <input type="checkbox"/> DELETE	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. NAME:	14. NAME:		
15. STREET ADDRESS:	15. STREET ADDRESS:		
16. CITY, ST, ZIP:	16. CITY, ST, ZIP:		
17. TITLE: <input type="checkbox"/> DELETE	17.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
18. NAME:	18. NAME:		
19. STREET ADDRESS:	19. STREET ADDRESS:		
20. CITY, ST, ZIP:	20. CITY, ST, ZIP:		

14. I do hereby certify that the information supplied with this filing 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. I am an officer or director of the corporation or a 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 applicable, or on an attachment with an address.

SIGNATURE: *Karl M. Jones* **KARL M. JONES** 2/12/96 904-897-5805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)