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

PROFIT CORPORATION ANNUAL REPORT

1997

ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S522

(9)

B & G MARINE, INC. Principal Place of Business Mailing Address 5810 WASHINGTON ST 8171 BAY COLONY DR NAPLES FL 33942 STE 1604 NAPLES FL 34108-7568 US 3. Date Incorporated or Qualified 3a. Date of Last Report 05/13/1991 03/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0264934 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zφ Country Ζιρ Country 8. This corporation has liability for intangible tax under s. 199.032, 29 🗷 Yes 🗌 No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KEPEN, GREGORY C. 5810 WASHINGTON ST 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33942 83 84 City Zip Code 11. Pursuant to the previsions 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 am farm rar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type: for printed name of registerest agent and tile if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPT Addition DELETE Change TITLE 11 Title KEPEN, GREGORY C. NAME 1.2 NAME R2E034 **5810 WASHINGTON ST** STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 1.4 CITY - ST-ZIP C-TY - 5T - 71P DVS DELETE Change Addition TITLE 2.1 TITLE KEPEN, PATRICK M. NAME 2.2 NAME 5810 WASHINGTON ST 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 2 4 CITY-ST-ZIP CITY ST-ZIP Addition DELETE 3.1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST-ZIP 34. CITY - ST-ZIP DELETE Change Addition TITLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY- ST-2IP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME

14. I do 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 corperation 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 changed, or on an attachment with an address

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

SIGNATURE:

STREET ADDRESS

ひとり

FILED

Jan 28 1997 8:00am

Secretary of State