

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

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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 448997

(7)

1. Corporation Name

MARINE SERVICE & SUPPLY, INC.



Principal Place of Business 6323 SHIRLEY STREET NAPLES FL 33942	Mailing Address 6323 SHIRLEY STREET NAPLES FL 34109-8208
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/21/1974	3a. Date of Last Report 03/19/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 59-1533249	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 34109	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PERRY (PETER W.) 3540 CRAYTON ROAD NAPLES FL 33940		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	5961 20 AVE SW	1.2 NAME	
STREET ADDRESS	NAPLES, FL 00000	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	PERRY, PETER W	2.2 NAME	
STREET ADDRESS	3540 CRAYTON ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES, FL 00000	2.4 CITY- ST- ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME	PERRY, JUDITH B	3.2 NAME	
STREET ADDRESS	3540 CRAYTON ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES, FL 00000	3.4 CITY- ST- ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME	DONOHUE, KATHLEEN	4.2 NAME	
STREET ADDRESS	5961 20 AVE SW	4.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL	4.4 CITY- ST- ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 corporation 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 941-597-455

Date Daytime Phone #

0414404

CR2E034 (9/96)