

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

INCORPORATION  
ANNUAL REPORT  
**1995**



Department of State  
Division of Corporations  
Tallahassee, Florida 32399-0001

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # 698536**

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**95 MAY -1 PM 2:32**

**T. & G. MARINE INC.**

|                                                                                                                                                                                                                                                                              |                         |                                                                     |  |                                                                                                                                                                     |            |                                                                                               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------|--|
| <b>1. Name of Corporation</b><br>T. & G. MARINE INC.<br>P.O. BOX 1096<br>WELAKA FL 32193-8096                                                                                                                                                                                |                         | <b>2a. Mailing Address</b><br>P.O. BOX 1096<br>WELAKA FL 32193-8096 |  | <b>3. Date Incorporation or Charter</b><br>08/12/1981                                                                                                               |            | <b>3a. Date of Last Report</b><br>05/01/1994                                                  |  |
| <b>21. State of Incorporation</b><br>FL                                                                                                                                                                                                                                      |                         | <b>26. Mailing Address</b><br>P.O. BOX 1096<br>WELAKA FL 32193-8096 |  | <b>4. FIC Number</b><br>59-2133545                                                                                                                                  |            | Applied For<br><input type="checkbox"/> Not Applicable                                        |  |
| <b>22. State of Principal Office</b><br>FL                                                                                                                                                                                                                                   |                         | <b>27. State of Principal Office</b><br>FL                          |  | <b>5. Certificate of Status Desired</b><br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                  |            | <b>6. Election Campaign Financing</b><br><input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| <b>23. State of Principal Office</b><br>FL                                                                                                                                                                                                                                   |                         | <b>28. State of Principal Office</b><br>FL                          |  | <b>8. The corporation has liability for intangible tax under R. 199.042 Florida Statutes</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |                                                                                               |  |
| <b>9. Name and Address of Current Registered Agent</b><br>SZATKOWSKI, VICTOR J.<br>RT. 1 BOX 703<br>POMONA PARK FL 32181                                                                                                                                                     |                         |                                                                     |  | <b>10. Name and Address of New Registered Agent</b><br>81 Name:<br>82 Street Address (P.O. Box Number is Not Acceptable):<br>83<br>84 City, <b>FL</b> 85 Zip Code:  |            |                                                                                               |  |
| <b>11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation and the records of the State of Florida.</b> |                         |                                                                     |  |                                                                                                                                                                     |            |                                                                                               |  |
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                            |                         |                                                                     |  |                                                                                                                                                                     |            |                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                         | P SZATKOWSKI, VICTOR J. |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| ADDRESS                                                                                                                                                                                                                                                                      | RT. 1 BOX 703           |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| CITY                                                                                                                                                                                                                                                                         | POMONA PARK FL          |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                         | VP SZATKOWSKI, JUDY K.  |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| ADDRESS                                                                                                                                                                                                                                                                      | RT. 1 BOX 703           |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| CITY                                                                                                                                                                                                                                                                         | POMONA PARK FL          |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                         | T Matthew J Conway      |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| ADDRESS                                                                                                                                                                                                                                                                      | P.O. Box 245            |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| CITY                                                                                                                                                                                                                                                                         | Welaka, FL 32193        |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                         | S G. Scott Smith        |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| ADDRESS                                                                                                                                                                                                                                                                      | P.O. Box 850            |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| CITY                                                                                                                                                                                                                                                                         | Welaka, FL 32193        |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                         |                         |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| ADDRESS                                                                                                                                                                                                                                                                      |                         |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| CITY                                                                                                                                                                                                                                                                         |                         |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                         |                         |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| ADDRESS                                                                                                                                                                                                                                                                      |                         |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |
| CITY                                                                                                                                                                                                                                                                         |                         |                                                                     |  | NAME                                                                                                                                                                | Change Add |                                                                                               |  |

**REMITTED BY MAY 1**

**SIGNATURE:** *Judy K. Szatkowski* **Judy K Szatkowski**

**4-27-95 904 467-2628**