

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

FILED
Jun 05 1997 8:00am
Secretary of State

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

DOCUMENT # 698536 (0)
1. Corporation Name
T. & G. MARINE INC.



Principal Place of Business P.O. BOX 1096 WELAKA FL 32183-8096	Mailing Address P.O. BOX 1096 WELAKA FL 32183-1096
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/12/1981	3a. Date of Last Report 05/01/1996	4. FEI Number 59-2133545	Applied For Not Applicable
		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
		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 SZATKOWSKI, VICTOR J. RT. 1 BOX 703 POMONA PARK FL 32181	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	--

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	Secretary
NAME	SZATKOWSKI, VICTOR J.	1.2 NAME	Price, Kimberly
STREET ADDRESS	RT. 1 BOX 703	1.3 STREET ADDRESS	P.O. Box 876
CITY-ST-ZIP	POMONA PARK FL N/A	1.4 CITY-ST-ZIP	WELAKA, FL 32193 N/A
TITLE	VP	2.1 TITLE	
NAME	SZATKOWSKI, JUDY K.	2.2 NAME	
STREET ADDRESS	RT. 1 BOX 703	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMONA PARK FL N/A	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME	CONWAY, MATTHEW J.	3.2 NAME	
STREET ADDRESS	P. O. BOX 245	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELAKA FL N/A	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	SMITH, G. SCOTT	4.2 NAME	
STREET ADDRESS	P. O. BOX 850	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELAKA FL N/A	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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]* T. & G. Marine Inc. 4-30-97 (am) 417-7128

CR2E034 (9/96)