

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754418** (2)
1. Corporation Name
APALACHEE BAY MARINE SAFETY SUPPORT GROUP, INC.



Principal Place of Business 18 GULF BREEZE CT. CRAWFORDVILLE FL 32327	Mailing Address 18 GULF BREEZE CT. CRAWFORDVILLE FL 32327-4648
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/20/1980		3a. Date of Last Report 10/21/1996	
				4. FEI Number 59-2928401		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 type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KINNEBREW, T.N. 18 GULF BREEZE CT. CRAWFORDVILLE FL 32327				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Sign above, 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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL, WILLIAM L			1.2 NAME	ROBERT M. MORGAN MORGAN, ROBERT M.		
STREET ADDRESS	9010 WINGED FOOT DR.			1.3 STREET ADDRESS	112 ROYSTER DRIVE		
CITY - ST - ZIP	TALLAHASSEE FL			1.4 CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TREFZGER, EMIL A			2.2 NAME	WOOLINGTON, W. ANDY		
STREET ADDRESS	62 JANET DR.			2.3 STREET ADDRESS	24 MATHERS FARM ROAD		
CITY - ST - ZIP	CRAWFORDVILLE FL			2.4 CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSENAU, JACK C			3.2 NAME	TREFZGER, EMIL A.		
STREET ADDRESS	1177 OLD FORT DR.			3.3 STREET ADDRESS	62 JANET DR.		
CITY - ST - ZIP	TALLAHASSEE FL			3.4 CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EDRINGTON, JOHN D			4.2 NAME	CHAMPION, A. LYNNE		
STREET ADDRESS	18 GULF BREEZE CT.			4.3 STREET ADDRESS	4 KIRKLAND DR.		
CITY - ST - ZIP	CRAWFORDVILLE FL			4.4 CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, ROBERT M			5.2 NAME	ROSENAU, JACK C.		
STREET ADDRESS	29 CONNIE DR.			5.3 STREET ADDRESS	1177 OLD FORT DRIVE		
CITY - ST - ZIP	CRAWFORDVILLE FL			5.4 CITY - ST - ZIP	TALLAHASSEE, FL 32301		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	ALVERSON, SHERRIED.		
STREET ADDRESS				6.3 STREET ADDRESS	19 ALVERSON WAY		
CITY - ST - ZIP				6.4 CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:  **Robert M. Morgan, President** 3/6/97 (904) 926-8024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)