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May 12 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 # 826212 (3)

1. Corporation Name
BENDER SHIPBUILDING & REPAIR CO., INC.

Principal Place of Business ATTN: ELGIN HELTON P.O. BOX 42 MOBILE AL 36601	Mailing Address ATTN: ELGIN HELTON P.O. BOX 42 MOBILE AL 36601-0042
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1971	3a. Date of Last Report 06/14/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 63-0019150		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country		

9. Name and Address of Current Registered Agent RINARD, JACK C 111 MADISON STREET, SUITE 2300 TAMPA FL 33602		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	T
NAME	BENDER, THOMAS B JR.	1.2 NAME	ELGIN W. HELTON
STREET ADDRESS	265 SOUTH WATER STREET	1.3 STREET ADDRESS	265 SOUTH WATER STREET
CITY-ST-ZIP	MOBILE AL 36601	1.4 CITY-ST-ZIP	MOBILE, AL 36601
TITLE	D	2.1 TITLE	
NAME	ELLISON, THOMAS E	2.2 NAME	
STREET ADDRESS	265 SOUTH WATER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36601	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HIXON, ROSEMARY M	3.2 NAME	
STREET ADDRESS	265 SOUTH WATER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36601	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	TERRELL, FRANK G JR.	4.2 NAME	
STREET ADDRESS	265 SOUTH WATER STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36601	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	
NAME	CROUSHORE, BRUCE J	5.2 NAME	
STREET ADDRESS	265 SOUTH WATER STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36601	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	MIDDLEKAUFF, DINA B	6.2 NAME	
STREET ADDRESS	265 SOUTH WATER STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36601	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:

Elgin W. Helton
ELGIN W. HELTON, TREASURER

4/28/97
Date

334-431-8013
Daytime Phone #

0493416

CR2E034 (9/96)