

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23 1996 8:00 am  
Secretary of State

DOCUMENT # F89212 (7)

1. Corporation Name

G. & W. MARINE, INC.

Principal Place of Business

10945 PATTON ROAD  
JACKSONVILLE FL 32246  
US

Mailing Address

10945 PATTON ROAD  
JACKSONVILLE FL 32246  
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
06/24/1982

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-2211159

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

GILBERT, AUTIE C.  
10945 PATTON ROAD  
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

WOODRUFF, MELVIN L.

10945 PATTON RD

JACKSONVILLE

FL

85 Zip Code  
32246

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 607.0508, Florida Statutes.

SIGNATURE *Melvin L. Woodruff*  
Signature, typed or printed name of registered agent and title if applicable

MELVIN L. WOODRUFF PRES 4-18-96  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS ☒ DELETE

NAME GILBERT, AUTIE C  
STREET ADDRESS 1624 SUNSET DR  
CITY-ST-ZIP JACKSONVILLE BCH FL

TITLE PT ☐ DELETE

NAME WOODRUFF, MELVIN L  
STREET ADDRESS 4206 SEABREEZE DR  
CITY-ST-ZIP JACKSONVILLE BCH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE PST ☒ Change ☐ Addition

12 NAME WOODRUFF, MELVIN L

13 STREET ADDRESS 4206 SEABREEZE DR

14 CITY-ST-ZIP JACKSONVILLE BCH FL 32250

2. 1 TITLE D ☐ Change ☒ Addition

22 NAME CLEYMAN, ELIANE C.

23 STREET ADDRESS 4206 SEABREEZE DR

24 CITY-ST-ZIP JACKSONVILLE BCH FL 32250

3. 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Melvin L. Woodruff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 904 642 0250  
Date Daytime Phone #

CR2E034 (12/95)