

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

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H79008 (9)**  
 1. Corporation Name  
**GREAT AMERICAN MARINE, INC.**



Principal Place of Business GREAT AMERICAN MARINE 6810 GULFPORT BLVD ST PETERSBURG FL 33707 US	Mailing Address 6810 GULFPORT BLVD 6810 GULFPORT BLVD ST. PETERSBURG FL 33707 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/01/1985</b>	
21		26	<b>Great American Marine</b>	4. FEI Number <b>59-2589759</b>	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RIDEN, THOMAS K. 100-2ND AVE SOUTH SUITE 400, NORTH TOWER ST PETERSBURG FL 33701				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	<b>6810 Gulfport Boulevard</b>		
				84	City	85	Zip Code
		<b>St. Petersburg</b>	<b>FL</b>	<b>33707</b>			

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	DC	<input type="checkbox"/> DELETE	1.1 TITLE	6810 Gulfport Boulevard			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDEN, THOMAS K.		1.2 NAME	St. Petersburg, Fl			
STREET ADDRESS	100-2ND AVE SO, S-400		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEBENBERG, WALTER P.		2.2 NAME				
STREET ADDRESS	6529 CENTRAL AVENUE		2.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAVROS, GUS A.		3.2 NAME				
STREET ADDRESS	111 SECOND AVE. NE #510		3.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEBENBERG, DAVID		4.2 NAME				
STREET ADDRESS	6810 GULFPORT BLVD		4.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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: David A. Loebenberg DATE: 1/22/98 (813) 343-6520  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0391633

CR2E034 (10/97)