


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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J71153 (7) 1. Corporation Name B & W MARINE CONSTRUCTION, INC.					
Principal Place of Business * ROBERT E. WOODARD 4611 LAKESIDE DRIVE JACKSONVILLE FL 32210			Mailing Address * ROBERT E. WOODARD 4611 LAKESIDE DRIVE JACKSONVILLE FL 32210		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/19/1987	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2620076	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent WOODARD, ROBERT E. 4611 LAKESIDE DRIVE JACKSONVILLE FL 32210				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 reappointing) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	DP WOODARD, ROBERT E.	4611 LAKESIDE DRIVE	JACKSONVILLE FL 32210	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	S CAMPBELL, SHEILA A	1269 YELLOW WATER RD.	JACKSONVILLE FL 32234	12 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	V BOWERS, RAYMOND	3184 BYRON RD.	GREEN COVE SPRS. FL 32043	13 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				14 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				15 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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				29 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				30 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	



DO NOT WRITE IN THIS SPACE

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: *Robert E. Woodard* (ROBERT E. WOODARD) 5/1/98 (904) 387-5759

CR2E034 (10/97)