FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L60431** **(8)**

1. Corporation Name
BECTON MARINE, INC.

Principal Place of Business	Mailing Address
BECTON, INC. 301 BAYSHORE DRIVE NICEVILLE FL 32578 US	BECTON, INC. POST OFFICE BOX 877 NICEVILLE FL 32578 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1990
3a. Date of Last Report: 08/18/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3000086 ☐ 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
7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUNGER, JEFFREY 301 BAYSHORE DRIVE 222 SEMINOLE AVENUE VALPARAISO FL 32580	81 Name: Gunger, Joseph 82 Street Address (P.O. Box Number is Not Acceptable): 301 Bayshore Drive 83: Rt 2 Box 73 84 City: Niceville FL 85 Zip Code: 32578

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 _____ DATE: April 24, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	DIR	☑ Change ☐ Addition
NAME	GUNGER, JOSEPH A.	1.2 NAME	Gunger, Joseph	
STREET ADDRESS	RT. 2 BOX 73	1.3 STREET ADDRESS	Rt 2 Box 73	
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	Niceville, FL	
TITLE	S	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	GUNGER, MICHAEL	2.2 NAME	Gunger, Michael	
STREET ADDRESS	184 RICHBURG AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	T	☑ Change ☐ Addition
NAME	GUNGER, JONATHAN	3.2 NAME	Gunger, Jonathan	
STREET ADDRESS	138 EDGE AVE.	3.3 STREET ADDRESS	138 Edge Ave	
CITY-ST-ZIP	VALPARAISO FL	3.4 CITY-ST-ZIP	Valparaiso, FL	
TITLE	V	4.1 TITLE		☑ Change ☐ Addition
NAME	GUNGER, JEFFREY	4.2 NAME	Delete	
STREET ADDRESS	222 SEMINOLE AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: _____ April 24, 1995 904 792 2782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/1995 FT