


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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L62481 (1) 1. Corporation Name THE SECOND GRIFFIN MARINE INC.					
Principal Place of Business P.O. BOX 681 4291 PINE ISLAND AVENUE MATLACHA FL 33909			Mailing Address P.O. BOX 681 4291 PINE ISLAND AVENUE MATLACHA FL 33909		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/04/1990 3a. Date of Last Report 08/13/1996 4. FEI Number 65-0198303 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BARKER, RICHARD S 2300 MCGREGOR BLVD. #2 FORT MYERS FL 33901			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP PS CASEY, MAUREEN P.O. BOX 681/4303 PINE ISLAND ROAD MATLACHA FL 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP VPT SCHOLL, THERESA P.O. BOX 681/4303 PINE ISLAND ROAD MATLACHA FL 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24 1997 941 2830680

Date

Daytime Phone #

0624652

CR2E034 (9/96)