

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L84101 (9)**

1. Corporation Name
KEITH MARINE, INC.



Principal Place of Business Mailing Address
**1063 BULKHEAD RD
GREEN COVE SPRINGS FL 32043
US**

3. Date Incorporated or Qualified **06/26/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-3015688** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

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

24. Zip Country 25. Country 29. Zip Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE SANTIS, COLLEEN
1519 HIGH ST.
PALATKA FL 32177**

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 in plain text on this registration form.

Signature typed or printed in plain text on this registration form.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEITH, KEVIN H.	
STREET ADDRESS	2504 FAIRWAY DR	
CITY-ST-ZIP	PALATKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEITH, GRACE	
STREET ADDRESS	292 BRIGHTON COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DESANTIS, COLLEEN M.	
STREET ADDRESS	1519 HIGH ST	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEITH, BRIAN E.	
STREET ADDRESS	POB 1441	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALTBY, ANDREA T.	
STREET ADDRESS	POB 576	
CITY-ST-ZIP	HASTINGS FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KEITH, RICHARD J.	
STREET ADDRESS	292 BRIGHTON COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4000 AIA South, ULP 4-3
1.4 CITY-ST-ZIP	St. Augustine, FL 32084
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	None
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	400001873254
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	06/24/96--01037--048
3.4 CITY-ST-ZIP	***225.00
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V/D
4.3 STREET ADDRESS	104 Edgemoor Trail
4.4 CITY-ST-ZIP	Palatka, FL 32177
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	6190 South Main
5.4 CITY-ST-ZIP	Hastings, FL 32145
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	This was changed some time ago - Mr Keith has not been an officer since Apr 1994
6.3 STREET ADDRESS	
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)(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/96

CR2E034 (12/95)

80
6/22/96