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

FILED Feb 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L84101 (9) KEITH MARINE, INC. Principal Place of Business Mailing Address END OF STOKES LANDING PO BOX 187 PALATKA FL 32178 PALATKA FL 32177 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3015688 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zıp Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AI Name DE SANTIS, COLLEEN 1519 HIGH ST. Street Address (P.O. Box Number is Not Acceptable) PALATKA FL 32177 **B3** 84 City 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE KEITH, KEVIN H. NAME 1.2 NAME Keith James R 4600 A1A SOUTH, VLP 4-3 STREET ADDRESS 1.3 STREET ADDRESS 283 Joey Drive ST. AUGUSTINE FL 32084 320B4 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TIFLE TITLE DESANTIS, COLLEEN M. NAME 2.2 NAME **1519 HIGH ST** STREET ADDRESS 2.3 STREET ADDRESS PALATKA FL CITY-ST-ZIP 2 4 CITY-ST-ZIP VD. DELETE Change Addition TITLE 3 1 TITLE KEITH, BRIAN E. NAME 3 2 NAME 104 EDGEMOOR TRAIL STREET ADDRESS 3.3 STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Addition Change TITLE 4.1 TITLE MALTBY, ANDREA T. NAME 4. 2 NAME 6190 SOUTH MAIN STREET ADDRESS 4.3 STREET ADDRESS HASTINGS FL 32145 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- 21P DELETE Change Addition TITLE 6 1 TITLE 6.2 NAME NAME

14. I horeby 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 suppliemental 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 of trustree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 are attractional with an address. 2/18/98 904-328-7604 SIGNATURE:

63 STREET ADDRESS

STREET ADDRESS CITY - ST- ZIP