


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAY -1 11 4:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000001426		1a. Principal Place of Business Address	
STOVALL MARINE OF FLORIDA, L.C. 4852 NORTH OCEAN STREET ATLANTIC BEACH FL 32233				4852 NORTH OCEAN STREET ATLANTIC BEACH FL 32233	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/19/1997	
City & State		City & State		4. FEI Number	
Zip		Country		59-3443059	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
SANDS, J. KEITH M 1551 ATLANTIC BLVD., SUITE 200 JACKSONVILLE FL		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City			
		3000002516019-4 -05/07/98--01106--018 ****188.75 FL Zip Code ****188.75			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	STOVALL, ROBERT S	5840 I-75 SOUTH		FOREST PARK GA	
MGR	JORDAN, JOHN	5840 I-75 SOUTH		FOREST PARK GA	
MGR	RAILEY, ARLENE	4852 NORTH OCEAN STREET		ATLANTIC BEACH FL	
MGR	SANDS, J. KEITH M	1551 ATLANTIC BLVD., SUITE		JACKSONVILLE FL	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
04/16/98 904/246-8929 Date Daytime Phone #					