

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M86964

(7)

1. Corporation Name

ANYTHING MARINE, INC.



Principal Place of Business

Mailing Address

1129 BECK AVE.  
PANAMA CITY FL 32401

1129 BECK AVE.  
PANAMA CITY FL 32401

3. Date Incorporated or Qualified  
06/16/1988

3a. Date of Last Report  
07/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2902279

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

8. This 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

PRICE, ELLEN B.  
1129 BECK AVE.  
PANAMA CITY FL 32401

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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE  
NAME PRICE, GARRY S.  
STREET ADDRESS 1129 BECK AVE.  
CITY-ST-ZIP PANAMA CITY FL

11 TITLE Change Addition

TITLE D DELETE  
NAME PRICE, ELLEN B.  
STREET ADDRESS 1129 BECK AVE.  
CITY-ST-ZIP PANAMA CITY FL

21 TITLE Change Addition

TITLE D DELETE  
NAME SARNO, JOHN  
STREET ADDRESS 1129 BECK AVE.  
CITY-ST-ZIP PANAMA CITY FL

31 TITLE Change Addition

TITLE D DELETE  
NAME BORGQUIST, CAROL A.  
STREET ADDRESS 1129 BECK AVE.  
CITY-ST-ZIP PANAMA CITY FL

41 TITLE Change Addition

TITLE D DELETE  
NAME BORGQUIST, BRUCE W.  
STREET ADDRESS 1129 BECK AVE.  
CITY-ST-ZIP PANAMA CITY FL

51 TITLE Change Addition

TITLE D DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE Change Addition

62 NAME  
63 STREET ADDRESS  
64 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 617, 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

7/31/96 (904) 785-0630  
Date  
Typed Name

CR2E034 (3/96)