FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M89300** **(1)**

1. Corporation Name
B & W INDUSTRIAL & MARINE REPAIRS, INC.

Principal Place of Business
3806 TALLYRAND AVE.
JACKSONVILLE FL 32206

Mailing Address
3806 TALLYRAND AVE.
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: **06/27/1988**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2832743** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

BRYANT, VERNON
3806 TALLYRAND AVE.
JACKSONVILLE FL 32206

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 Section 607.1803, 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. The street address of the registered office and the name and address of the registered agent are typed below, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BRYANT, VERNON W.
3806 TALLYRAND AVE.
JACKSONVILLE FL 32206
☐ DELETE

SD
COOPER, WILLIAM T.
3806 TALLYRAND AVE.
JACKSONVILLE FL 32206
☐ DELETE

VP
JONES, JAMES
3806 TALLYRAND AVE.
JACKSONVILLE FL 32206
☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an asterisk (*), or on an attached page.

SIGNATURE: William T. Cooper Director 3/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)