**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # P05940

1. Corporation Name
E & B MARINE SUPPLY (FLORIDA) INC.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 05/08/85
3a. Date of Last Report:

2. Principal Place of Business
21 500 WESTRIDGE DRIVE
Suite, Apt. #, etc.
22
City & State
23 WATSONVILLE, CA
Zip 24 95076 Country 25 USA

2a. Mailing Address
26 500 WESTRIDGE DRIVE
Suite, Apt. #, etc.
27
City & State
28 WATSONVILLE, CA
Zip 29 95076 Country 30 USA

4. FEI Number: 22-2473044 — 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**
UNITED STATES CORPORATION COMPANY
110 N. MAGNOLIA STREET
TALLAHASSEE, FL 32301

**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 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) DATE
Signature, specify or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | CHAIRMAN OF THE BOARD ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | RANDY REPASS | 1.2 NAME | |
| STREET ADDRESS | 500 WESTRIDGE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WATSONVILLE, CA 95076 | 1.4 CITY-ST-ZIP | |
| TITLE | PRES & CEO, DIRECTOR ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | CRAWFORD COLE | 2.2 NAME | |
| STREET ADDRESS | 500 WESTRIDGE DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WATSONVILLE, CA 95076 | 2.4 CITY-ST-ZIP | |
| TITLE | COO, DIRECTOR ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | RICHARD EVERETT | 3.2 NAME | |
| STREET ADDRESS | 500 WESTRIDGE DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WATSONVILLE, CA 95076 | 3.4 CITY-ST-ZIP | |
| TITLE | SECRETARY AND CFO ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | JOHN C. ZOTT | 4.2 NAME | |
| STREET ADDRESS | 500 WESTRIDGE DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WATSONVILLE, CA 95076 | 4.4 CITY-ST-ZIP | |
| TITLE | SR VP ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | BOB HEBELER | 5.2 NAME | |
| STREET ADDRESS | 500 WESTRIDGE DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WATSONVILLE, CA 95076 | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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14. 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 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:** John C Zott — 5/1/97 — (408) 761-4185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #