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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 re-instating) DATE
Signature, type or print 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		

5-8-97

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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 #