

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P05940 (2)  
1. Corporation Name  
E & B MARINE SUPPLY (FLORIDA) INC.



Principal Place of Business Mailing Address  
800 WESTRIDGE DRIVE 500 WESTRIDGE DRIVE  
WATSONVILLE CA 95076 WATSONVILLE CA 95076

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/08/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		22-2473044	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE	1.1 TITLE	Assistant Vice President Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REPASS, RANDY		1.2 NAME	Marty Louie	
STREET ADDRESS	800 WESTRIDGE DRIVE		1.3 STREET ADDRESS	149 Cortez Street	
CITY-ST-ZIP	WATSONVILLE CA 95076		1.4 CITY-ST-ZIP	Capitola, CA 95010	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, CRAWFORD		2.2 NAME		
STREET ADDRESS	800 WESTRIDGE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WATSONVILLE CA 95076		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, RICHARD		3.2 NAME		
STREET ADDRESS	800 WESTRIDGE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WATSONVILLE CA 95076		3.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOTT, JOHN		4.2 NAME		
STREET ADDRESS	800 WESTRIDGE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WATSONVILLE CA 95076		4.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEBELER, BOB		5.2 NAME		
STREET ADDRESS	800 WESTRIDGE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WATSONVILLE CA 95076		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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.

CR2E034 (10/97)