

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 # **P34558** (7)
1. Corporation Name
PORT CITY INDUSTRIAL AND MARINE SUPPLY, INC.



Principal Place of Business: POST OFFICE BOX 1407 SAVANNAH GA 31402
Mailing Address: POST OFFICE BOX 1407 SAVANNAH GA 31402

3. Date Incorporated or Qualified: 07/03/1991
3a. Date of Last Report: 01/25/1995

| | | | |
|---------------------------------|-------------------------|--|--|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 22. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 58-1359434 | Not Applicable |
| 23. City & State | 27. City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 24. Zip | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 25. Country | 29. Zip | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. Country | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORSTFALL, JAMES
3606 JOSE TERRACE
JACKSONVILLE FL 32217

| | |
|--|----|
| 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 _____ DATE _____
(NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---|
| TITLE | DCP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FARRELL, CHARLES W. | 1.2 NAME | |
| STREET ADDRESS | 1250 WEST BAY ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAVANNAH GA | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FARRELL, CHARLES W. | 2.2 NAME | |
| STREET ADDRESS | 1250 WEST BAY ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAVANNAH GA | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEESON, SALLY | 3.2 NAME | |
| STREET ADDRESS | 1250 WEST BAY ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAVANNAH GA | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles W. Farrell* 7-20-96 912-232-0722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)