

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT

1996 61096



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000000812 (5)

1. Corporation Name

SOWELL MARINE INC.

Principal Place of Business

Mailing Address

RURAL ROUTE 2, BOX 236
CARYVILLE FL 32427

RURAL ROUTE 2, BOX 236
CARYVILLE FL 32427



3. Date Incorporated or Qualified

01/05/1994

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOWELL, SUSAN E
RURAL ROUTE 2, BOX 236
CARYVILLE FL 32427

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 the corporation

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SOWELL, JOSEPH W
RURAL ROUTE 2, BOX 236
CARYVILLE FL 32427

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DAVIS, PATRICIA S
RURAL ROUTE 2, BOX 236
CARYVILLE FL 32427

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SOWELL, SUSAN E
RURAL ROUTE 2, BOX 236
CARYVILLE FL 32427

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
[] Change [] Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
[] Change [] Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
[] Change [] Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
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51 TITLE
52 NAME
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54 CITY-ST-ZIP
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61 TITLE
62 NAME
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64 CITY-ST-ZIP
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71 TITLE
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81 TITLE
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91 TITLE
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101 TITLE
102 NAME
103 STREET ADDRESS
104 CITY-ST-ZIP
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111 TITLE
112 NAME
113 STREET ADDRESS
114 CITY-ST-ZIP
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121 TITLE
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131 TITLE
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133 STREET ADDRESS
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141 TITLE
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151 TITLE
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171 TITLE
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174 CITY-ST-ZIP
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181 TITLE
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183 STREET ADDRESS
184 CITY-ST-ZIP
[] Change [] Addition

191 TITLE
192 NAME
193 STREET ADDRESS
194 CITY-ST-ZIP
[] Change [] Addition

201 TITLE
202 NAME
203 STREET ADDRESS
204 CITY-ST-ZIP
[] Change [] Addition

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)(x), 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Susan E. Sowell, SUSAN E. SOWELL

6/5/96

904-956-4329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)