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**

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

DOCUMENT # P94000032796 (2)

1. Corporation Name

B & B MARINE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2155 GRAND BOULEVARD HOLIDAY FL 34690-4554	2155 GRAND BOULEVARD HOLIDAY FL 34690-4554

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report: 06/07/1995
4. FEI Number: 59-3236731 — 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

2. Principal Place of Business	2a. Mailing Address
21 454 E. Orange St.	26 454 E. Orange St.
Suite, Apt #, etc 22	Suite, Apt # etc 27
City & State 23 Tarpon Springs, Fl.	City & State 28 Tarpon Springs, Fl.
Zip 24 34689 Country 25	Zip 29 34689 Country 30

9. **Name and Address of Current Registered Agent**

CUMMINGS, SUSAN B
2155 GRAND BOULEVARD
HOLIDAY FL 34690-4554

10. **Name and Address of New Registered Agent**

81 Name: Lawrence I. Brush
82 Street Address (P.O. Box Number is Not Acceptable): 454 E. Orange St.
83
84 City: Tarpon Springs FL 85 Zip Code: 34689

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] L.I. Brush — 8-1-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BRUSH, LAURENCE I	
STREET ADDRESS	1745 COCKLESHELL DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	☐ DELETE
NAME	BRUSH, SAMUEL P	
STREET ADDRESS	454 EAST ORANGE STREET	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	☒ DELETE
NAME	CUMMINGS, SUSAN B	
STREET ADDRESS	2155 GRAND BOULEVARD	
CITY-ST-ZIP	HOLIDAY FL 34690-4554	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	454 E. Orange St.	
1.4 CITY-ST-ZIP	Tarpon Springs, Fl. 34689	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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

SIGNATURE: [signature] L.I. BRUSH — 8-1-96 — 813-942-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0123685 CP