


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

FILED

Feb 25 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 # P95000053774 1. Corporation Name HOG KEY MARINE, INC.																																																																																																					
Principal Place of Business 1100 Overseas Hwy. Marathon, Fl. 33050			Mailing Address 1100 Overseas Hwy. Marathon, Fl. 33050																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 7/5/95 3a. Date of Last Report 1/25/96 4. FEI Number 65-0596127 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																	
9. Name and Address of Current Registered Agent Franklin D. Greenman, Esq. Greenman and Manz 5800 Overseas Highway, Suite 40 Marathon, Fl. 33050			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, in full and with, and accept the obligations of, Section 607.0505, Florida Statutes.																																																																																																					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P- <input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Charles Pierce</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1 47th St., Gulf</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>Marathon, Fl. 33050</td> </tr> <tr> <td>TITLE</td> <td>V <input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Cale Nelson</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1100 Overseas Hwy.</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>Marathon, Fl. 33050</td> </tr> <tr> <td>TITLE</td> <td>S <input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Sherry Gifford</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1100 Overseas Hwy.</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>Marathon, Fl. 33050</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>			TITLE	P- <input checked="" type="checkbox"/> DELETE	NAME	Charles Pierce	STREET ADDRESS	1 47th St., Gulf	CITY-STATE-ZIP	Marathon, Fl. 33050	TITLE	V <input type="checkbox"/> DELETE	NAME	Cale Nelson	STREET ADDRESS	1100 Overseas Hwy.	CITY-STATE-ZIP	Marathon, Fl. 33050	TITLE	S <input type="checkbox"/> DELETE	NAME	Sherry Gifford	STREET ADDRESS	1100 Overseas Hwy.	CITY-STATE-ZIP	Marathon, Fl. 33050	TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>11 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>12 NAME</td> <td></td> </tr> <tr> <td>13 STREET ADDRESS</td> <td></td> </tr> <tr> <td>14 CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>21 TITLE</td> <td>P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>22 NAME</td> <td>Cale Nelson</td> </tr> <tr> <td>23 STREET ADDRESS</td> <td>1100 Overseas Hwy.</td> </tr> <tr> <td>24 CITY-STATE-ZIP</td> <td>Marathon, Fl. 33050</td> </tr> <tr> <td>31 TITLE</td> <td>S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>32 NAME</td> <td>Sherry Gifford</td> </tr> <tr> <td>33 STREET ADDRESS</td> <td>1100 Overseas Hwy.</td> </tr> <tr> <td>34 CITY-STATE-ZIP</td> <td>Marathon, Fl. 33050</td> </tr> <tr> <td>41 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>42 NAME</td> <td></td> </tr> <tr> <td>43 STREET ADDRESS</td> <td></td> </tr> <tr> <td>44 CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>51 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>52 NAME</td> <td></td> </tr> <tr> <td>53 STREET ADDRESS</td> <td></td> </tr> <tr> <td>54 CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>61 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>62 NAME</td> <td>200002098002</td> </tr> <tr> <td>63 STREET ADDRESS</td> <td>-02/26/97--01010--019</td> </tr> <tr> <td>64 CITY-STATE-ZIP</td> <td>***165.00</td> </tr> </table>			11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME		13 STREET ADDRESS		14 CITY-STATE-ZIP		21 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME	Cale Nelson	23 STREET ADDRESS	1100 Overseas Hwy.	24 CITY-STATE-ZIP	Marathon, Fl. 33050	31 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME	Sherry Gifford	33 STREET ADDRESS	1100 Overseas Hwy.	34 CITY-STATE-ZIP	Marathon, Fl. 33050	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME		43 STREET ADDRESS		44 CITY-STATE-ZIP		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME		53 STREET ADDRESS		54 CITY-STATE-ZIP		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME	200002098002	63 STREET ADDRESS	-02/26/97--01010--019	64 CITY-STATE-ZIP	***165.00
TITLE	P- <input checked="" type="checkbox"/> DELETE																																																																																																				
NAME	Charles Pierce																																																																																																				
STREET ADDRESS	1 47th St., Gulf																																																																																																				
CITY-STATE-ZIP	Marathon, Fl. 33050																																																																																																				
TITLE	V <input type="checkbox"/> DELETE																																																																																																				
NAME	Cale Nelson																																																																																																				
STREET ADDRESS	1100 Overseas Hwy.																																																																																																				
CITY-STATE-ZIP	Marathon, Fl. 33050																																																																																																				
TITLE	S <input type="checkbox"/> DELETE																																																																																																				
NAME	Sherry Gifford																																																																																																				
STREET ADDRESS	1100 Overseas Hwy.																																																																																																				
CITY-STATE-ZIP	Marathon, Fl. 33050																																																																																																				
TITLE	<input type="checkbox"/> DELETE																																																																																																				
NAME																																																																																																					
STREET ADDRESS																																																																																																					
CITY-STATE-ZIP																																																																																																					
TITLE	<input type="checkbox"/> DELETE																																																																																																				
NAME																																																																																																					
STREET ADDRESS																																																																																																					
CITY-STATE-ZIP																																																																																																					
TITLE	<input type="checkbox"/> DELETE																																																																																																				
NAME																																																																																																					
STREET ADDRESS																																																																																																					
CITY-STATE-ZIP																																																																																																					
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																				
12 NAME																																																																																																					
13 STREET ADDRESS																																																																																																					
14 CITY-STATE-ZIP																																																																																																					
21 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																				
22 NAME	Cale Nelson																																																																																																				
23 STREET ADDRESS	1100 Overseas Hwy.																																																																																																				
24 CITY-STATE-ZIP	Marathon, Fl. 33050																																																																																																				
31 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																				
32 NAME	Sherry Gifford																																																																																																				
33 STREET ADDRESS	1100 Overseas Hwy.																																																																																																				
34 CITY-STATE-ZIP	Marathon, Fl. 33050																																																																																																				
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																				
42 NAME																																																																																																					
43 STREET ADDRESS																																																																																																					
44 CITY-STATE-ZIP																																																																																																					
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																				
52 NAME																																																																																																					
53 STREET ADDRESS																																																																																																					
54 CITY-STATE-ZIP																																																																																																					
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																				
62 NAME	200002098002																																																																																																				
63 STREET ADDRESS	-02/26/97--01010--019																																																																																																				
64 CITY-STATE-ZIP	***165.00																																																																																																				

14. I, the undersigned, 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sherry Gifford* **SHERRY GIFFORD**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97 (305) 743-3960
Date Daytime Phone #

CR2E034 (9/96)