

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 # **P95000074359 (7)**

1. Corporation Name
RUDI'S MARINE INC.



Principal Place of Business: **5250 95 STREET NORTH ST PETERSBURG FL 33708**
Mailing Address: **5250 95 STREET NORTH ST PETERSBURG FL 33708**

3. Date Incorporated or Qualified: **09/25/1995**
3a. Date of Last Report: **N/A**
4. FEI Number: **59-3339413**
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
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent
~~CLARK, AL~~
~~12600 S BELCHER RD SUITE 104E~~
~~LARGO FL 34648~~

10. Name and Address of New Registered Agent
81 Name: **ELVIN MILLER**
82 Street Address (P.O. Box Number is Not Acceptable): **5250 95TH ST N.**
83
84 City: **ST PETERSBURG** FL 85 Zip Code: **33708**

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 607.0509, Florida Statutes.
SIGNATURE: **ELVIN MILLER** X *Elvin Miller* X **4-22-96**
Signature, typed or printed name of registered agent and title if applicable. DATE: Registered Agent signature (not used when registering)

12. OFFICERS AND DIRECTORS
TITLE: **PRESIDENT** DELETE
NAME: **ELVIN MILLER**
STREET ADDRESS: **5250 95TH ST N.**
CITY- ST- ZIP: **ST PETERSBURG, FL 33708**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
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
11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY- ST- ZIP:
21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY- ST- ZIP:
31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY- ST- ZIP:
41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY- ST- ZIP:
51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY- ST- ZIP:
61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 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: X *Elvin Miller* X **4-22-96** (013) 391-6125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE City/State/Phone #

CR2E034 (12/95)